Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **May 1-15**, **2006.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

P.02

Application for Federal Assla	tance SF-424		Version 02
* 1. Type of Submission:	* 2. Type of Application:	if Revision, select appropriate letter(s):	
Preapplication	✓ New		
Application	Continuation	Other (Specify)	
Changed/Corrected Application	Revision		
* 3. Date Received:	4. Applicant Identifier:		
Completed by Grants.gov upon aubmission.			
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:	
State Use Only:			DEOFIN
6. Date Received by State:	7. State Application	Identifier:	RECEIVED
6. APPLICANT INFORMATION:			MAY - 1 2006
a. Legal Name: City of Los Angeles			STATE OF EAST
* b. Employer/Taxpayer Identification N	lumber (EIN/TIN):	* c. Organizational DUNS:	STATE CLEARING HOUSE
96-6000735		195368855	
d. Address:			
* Street1: 1200 West 7th 5	Btreet		
Street2:			
City: Los Angeles			
County:			
• State:	n Hamman	CA: California	
Province:	11	SA: UNITED STATES	
* Country:	U	SA; UNITED STATES	
* Zip / Postal Code: 90017			
e, Organizational Unit:			
Department Name:		Division Name:	
Community Development Dept.		Human Svcs. & Family Dev.	
f. Name and contact Information of	person to be contacted on n	natters involving this application:	
Prefix: Ms.	* First Nam	e: Delphia	
Middle Name:			
* Lest Name: Jones			
Suffix:			
Title: Director, HSFD		,	
Organizational Affiliation:			
* Telephane Number: (213) 744-970	0	Fax Number: (213) 7	44-9328
* Email: Delphia.Jones@lacity.org			

May 1 2006 12:38 P.03

Application for Federal Assistance SF-424	Version 02
8. Type of Applicant 1: Select Applicant Type:	
C: City or Township Government	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
* 10. Name of Federal Agency:	
Administration for Children and Families	
11. Catalog of Federal Domestic Assistance Number: 93.570 CFDA Title: Community Services Block Grant_Discretionary Awards	
* 12. Funding Opportunity Number: HHS-2006-ACF-OCS-ET-0086 * Title:	
CSBG Training and Technical Assistance (T/TA) Program: Earned Income Tax Credit (EITC) and Other Asset Formation Opportunities	
13. Competition Identification Number:	
Titia:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
City of Los Angeles	
15. Descriptive Title of Applicant's Project:	
Los Angeles ACCESS to Asset-Building Project	
Attach supporting documents as specified in agency instructions.	

P.04

Application 1	for Federal Assistar	nce SF-424				Version 02
16. Congression	nal Districts Of:					
* a. Applicant	24-27			* b. Program/Pro	24-27	
Attach an additio	nal list of Program/Projec	t Congressional Distric	is if needed.		_	
Project Congress	slonal Districts.doc	Asid Attachment	ingratio and interest Linux dio and interest			
17. Proposed P	rajeat:					
* a. Start Date:	11/01/2006			• b. End	Date: 10/31/2007	
18. Estimated F	unding (\$):					
* a. Federal		60,000.00				
• b. Applicant		0.00				
° c. State		0.00				
* d. Local		0.00	<u> </u>			
* e. Other		0.0				
*f. Program inc	ome	0.00				
g. TOTAL		50,000.0				
21. *By signing herein are true comply with a may subject m	g this application, I certial, complete and accurating resulting terms if I are to criminal, civil, or a criffications and assurance	fy (1) to the statement to the best of my keept an award. I am dministrative penaltic	nts contained in nowledge. I sis awars that any es. (U.S. Code,	the list of certification of the provide the require false, fictitious, or find the 216, Section 10	one** and (2) that the statem of securences** and agree to raudulent statements or cla (01) ed in the announcement or age	ims
Authorized Re	presentative:					
Prefix:	Mr.	• First	Name: Clifford	11.		
Middle Name:	w			•		
* Last Name:	Graves					
Suffix:						
* Title: Gene	ral Manager, CDD					
* Telephone Nu	mber: (213) 744-7300			Fax Number: (213)	744-9061	
- Email: Cliff	f.Graves@lacity.org					
* Signature of A	Authorized Representative	Completed by Grants.go	y upon aubmission.	1 Date Signed:	omplated by Grants.gov upon submis	ilon.

Larkin#St#Youth

						Version 7/03
APPLICATION FEDERAL A		E	2. DATE SUBMITTED 5/1/06		Applicant Identifier	
1. TYPE OF SUBMIS	Preapplicat	tion	3. DATE RECEIVED BY STA	ATE	State Application Identific	er
Construction Non-Construc	tion Constr	ruction onstru ct ion	4. DATE RECEIVED BY FEDE	RAL AGENCY	Federal Identifier	The state of the s
5. APPLICANT INFO	DRMATION					
Legal Name:			THE PARTY SET THE PROPERTY CONTRACTOR SHOWS AND ADDRESS OF THE PARTY SET O	Organizational U	nit	
Larkin Street Y	outh Services.	diffe. Edit		Department:		
Organizational DUNS	S:	RECF	- 11/50	Olvision:		
Address:		NAAV (1 2006	-		
Street: 1138 Sutter Str	reet	MAT	LOUSE		hone number of the person (give area code)	to be contacted on matters involving
City:		STATE CLE	ARING HOUSE	Prefix:		First Name:
San Francisco	1	O I / I	a tree time a tree and the tree and tree an	Ms.		Sherilyn
County:	\\			Middle Name:		1
San Francisco						
State:		Zi	P:	Last Name:		
CA		9	4109	Adams		
Country:				Suffix:		
United States				LCSW		
6. EMPLOYER IDEN	ITIFICATION NUMBE	R (EIN):		Phone Number (give area code):	FAX Number (give area code):
. 9	4 - 2 9	1 7 9 !	9 9	415-673-09	11, ext. 256	415-749-3838
8. TYPE OF APPLIC	ATION:			7. TYPE OF API	PLICANT: (See back of form)	for Application Types):
	New	⊠ Cont	inuation Revision		Profit Organization	
If Revision, enter app (See back of form for	propriate letter(s) in bo description of letters)	ox(es):		Other (Specif)	r):	
Other (specify):				O NAME OF FE	DERAL AGENCY:	
					ion for Children and	Families
10. CATALOG OF F	EDERAL DOMESTIC			1	E TITLE OF APPLICANT'S	
ASSISTANCE N	UMBER:	9 3 -	5 5 0	1		itional Living Program for
TITLE: (Name of Pro	grami: Transit		for Homeless		nd Runaway youth ag	
1	ED BY PROJECT (ci			_		,
	ty of San Franci		106, etc.):			
13. PROPOSED PRO	-					
Start Date	DJECT:	Ending Da	ale .	a. Applicant	IONAL DISTRICTS OF:	b. Project
9/30/06	•	9/29/07		8th		8th
15. ESTIMATED FU	NDING:	L			TION SUBJECT TO REVIEW	BY STATE EXECUTIVE ORDER 12372
				PROCESS?		
e. Federal	\$		191,330.00		THIS PREAPPLICATION/APP AVAILABLE TO THE STATE I	
b. Applicant	\$		27,223.00		ROCESS FOR REVIEW ON	
c. State	\$.				DATE 5/1/06	
d. Local	\$			b NO. F	PROGRAM IS NOT COVERE	D BY E.O. 12372 OR PROGRAM
e. Other	\$			- I	HAS NOT BEEN SELECTED	STATE FOR REVIEW
				17 IS ADDI ICA	TION DELINQUENT ON ANY	CEDERAL DERTO
f. Program Income	\$					
g. TOTAL	\$		218,553	YES	if "Yes," altach an explanation	on. No
AUTHORIZED BY	THE GOVERNING BO	ID BELIEF, ALL D DDY OF THE APPL	ATA IN THIS APPLICATION/PRE JCANT AND THE APPLICANT W	APPLICATION ARE	TRUE AND CORRECT, THE DITHE ATTACHED ASSURANCE	OCUMENT HAS BEEN DULY S IF THE ASSISTANCE IS AWARDED.
a. Authorized Repres	entative	T First Name				
Ms.		Sherilyn			Middle Name	
Last Name Adams					suffix LCSW	
b. Title Executive Direct	ctor				c. Telephone Number (give 415-673-0911, ext. 2	
d. Signa(ure)of Author		Ŧ				
	My Constant of the Constant of	\sim	da =)		e. Date Signed 5/1/06	
() r U			u was	I		

						Versian 7/03
APPLICATION	ON FOR		2. DATE SUBMITTED		Applicant Identifier	
FEDERAL A	ASSISTAN	CE	5/1/06			
TYPE OF SUBMIS Application			3. DATE RECEIVED BY STA	ATE	State Application Identifi	er
Construction	ļ —	struction	4. DATE RECEIVED BY FEDE	DAL ACENCY	Federal Identifier	
Non-Construc	tion Non-	Construction	4. DATE RECEIVED BY FEDE	NAL AGENCI	rederal identifier	
5. APPLICANT INFO						
Legal Name:	ACCEPTION .			Organizational L	nit:	
Larkin Street Y	outh Services		and the second s	Department:		
Organizational DUNS	S :	T m	CEIVED	Division:		
Address:		1 12	- A A A A	1		
Street: 1138 Sutter Str	eet		0 1 2006	While application	hone number of the person (give area code)	to be contacted on matters involving
City:		- 1	TE CLEARING HOUS	Prefix:		First Name:
San Francisco		CTA	TE CLEARING HOUSE	Ms.		Sherilyn
County:		1912		Middle Name:		
San Francisco						
State: CA		1	P: 4109	Last Name: Adams		
Country:				Suffix:		
United States				LCSW		
6. EMPLOYER IDEN				Phone Number (FAX Number (give area code):
9	4 - 2 9	1 7 9	9 9	415-673-09	11, ext. 256	415-749-3838
8. TYPE OF APPLIC	ATION:			7. TYPE OF APP	PLICANT: (See back of form	for Application Types):
	New	⊠ Com	inuation Revision	O. Not for	Profit Organization	
If Revision, enter app (See back of form for	ropriate letter(s) in t description of letter	oox(es):		Other (Specifi	r):	
Other (specify):						
Ottler (specify).					DERAL AGENCY: ion for Children and	Families
10. CATALOG OF F	EDERAL DOMEST	ıc			E TITLE OF APPLICANT'S	
ASSISTANCE N	UMBER:	9 3 -	5 5 0			Homeless and Runaway youth
TITLE: (Name of Prog	gram): _Trans	itional Living	for Homeless	ages 18-21		
12. AREAS AFFECT	ED BY PROJECT (cities, counties, sta	eles, etc.):	1		
City and Count	y of San Franc	eisco	•			
13. PROPOSED PRO	JECT:	***************************************		14. CONGRESS	ONAL DISTRICTS OF:	
Start Date 9/30/06		Ending Da		a. Applicant		b. Project
9/30/06		9/29/07	/	8th		8th
15. ESTIMATED FUN	DING:			16. IS APPLICA PROCESS?	TION SUBJECT TO REVIEW	BY STATE EXECUTIVE ORDER 12372
a. Federal	\$		184,415.00		HIS PREAPPLICATION/APP	PLICATION WAS MADE
b. Applicant	\$		27,540.00		VAILABLE TO THE STATE I	
c. State	.\$			1	NATE 5/1/06	.
d. Local	\$			7 , 		D BY E.O. 12372 OR PROGRAM
					IAS NOT BEEN SELECTED	STATE FOR REVIEW
e. Other	\$			47 10 4001 1041	TON DELINQUENT ON ANY	CERRAL DEGMO
f. Program Income	\$			_		
g. TOTAL	\$		211,955	YES	If "Yes," attach an explanation	on. 🛛 Na
18. TO THE BEST OF AUTHORIZED BY	MY KNOWLEDGE A THE GOVERNING B	ND BELIEF, ALL D ODY OF THE APPL	ATA IN THIS APPLICATION/PRE LICANT AND THE APPLICANT W	APPLICATION ARE	TRUE AND CORRECT, THE D THE ATTACHED ASSURANCE	OCUMENT HAS BEEN DULY S IF THE ASSISTANCE IS AWARDED.
a. Authorized Represe	entative					
Prefix Ms.		First Name Sherilyn			Middle Name	
Last Name					Suffix	
Adams					LCSW	
b. Title Executive Direc	etor				c. Telephone Number (give 415-673-0911, ext. 2	
d. Signature of Author	ized Representative)	,		e. Date Signed	
Dre	nle		Hams)		5/1/06	

MAY-02-2006 13:32		SHA CO	PUBLIC WORKS		5	30 225 5667	P.Ø2
APPLICATION FOR				ŕ)		Version 7/
FEDERAL ASSISTANCE			2. DATE SUBMITTED April 21, 2006		Applicant Idea	ntifier	
1. TYPE OF SUBMISSION: Application	Dro opplied		3. DATE RECEIVED BY	STATE	State Applica	tion Identifier	
Construction	Pre-applica		4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Ident	fler	
Non-Construction	Non-Cor						
 APPLICANT INFORMATION Legal Name; 							
Shesta County		RE	CEIVED	Organizational Unit: Department; Public Works			
Organizational DUNS: 076-124-536		E W PARALL	0 0 0000	Division: County Service Area	#F James Vall	n. Alatar	
Address:		 M A	Y 0 2 2006	Name and telephone			d on matters
Street:		CTATE	CLEARING HOUSE	Involving this applic	ation (give are	a code)	
1655 Placer Street City: ReddIng		SIAIE	OLLAIMING HOUSE		Steven		
Redding County;				Lyle			
Shasta			· · · · · · · · · · · · · · · · · · ·	Last Name Preszler			
State: CA	Zip Code 96001			Suffix:			
Country; USA				Email: spreszler@co.shasta.	ca us		
6. EMPLOYER IDENTIFICATIO	NUMBER	(EIN):		Phone Number (give a		Fax Number (give ar	rea code)
94-6000535)			(530) 245-6607		(530) 225-5667	
8. TYPE OF APPLICATION:				7. TYPE OF APPLICA	NT: (See bac	k of form for Applicati	ion Types)
New Revision, enter appropriate letter	er(s) in box(e	ontinuation	Revision	B. County			
See back of form for description	of letters.)	<u> </u>		Other (specify)			
Other (specify)		Ш	ليا	9. NAME OF FEDERA USDA Rural Developr	L AGENCY:		
10. CATALOG OF FEDERAL D	OMESTIC A	SSISTANC	E NUMBER:	11. DESCRIPTIVE TIT		CANT'S PROJECT:	
			10-760	Shasta County Service	e Area #6 - Jor	es Valley Water, Rep	place
TITLE (Name of Program):				Silventhome Summer	Homes Water I	Distribution System	
12. AREAS AFFECTED BY PRO	DJECT (Citie	s, Counties,	States, etc.):	-			
Silverthome Summer Homes, Si	nasta County	Service Are	ea #6, Shasta Co., CA				
13. PROPOSED PROJECT Start Date:				14. CONGRESSIONA	L DISTRICTS		
May, 2008	Ending Da Novembe			a. Applicant 2		b. Project 2	
15. ESTIMATED FUNDING:				16. IS APPLICATION	SUBJECT TO	REVIEW BY STATE	EXECUTIVE
9. Federal USDA RD Federal Loan			440,000		APPLICATION	APPLICATION WAS	
D. Applicant \$			- 440,000	AVAILABL	.È TO THE STA S FOR REVIEW	ATE EXECUTIVE OR VON	DER 12372
c. State \$, ao ·	DATE:			
1. Local \$, oo	b. No. ITI PROGRAM	M IS NOT COV	ERED BY E. O. 1237	2
a. Other \$ USDA RD Federal Grant			110,000 '	m OR PROG	RAM HAS NO	F BEEN SELECTED	BY STATE
. Program Income \$			00	17. IS THE APPLICAN		T ON ANY FEDERA	AL DEBT?
, TOTAL \$			550,000	Yes if "Yes" attach			
8. TO THE BEST OF MY KNOW	VLEDGE AN	D BELIEF,	ALL DATA IN THIS APP	LICATION/PREAPPLIC	ATION ARE T	DITE AND CODDEC	T. THE
OCUMENT HAS BEEN DULY A TTACHED ASSURANCES IF T	(U I HURIZEI	DBYIME	OVERNING BODY OF T	THE APPLICANT AND	THE APPLICA	NT WILL COMPLY W	VITH THE
Authorized Representative	First Name	_	*	Middle	lama		
· •	11 GF 14 GH 11 G			INTO THE P	Na Ma		

ATTACHED ASSUR	ANCES IF THE ASSISTANCE IS AWARDED.	
a Authorized Repres	sentativa	
Prefix	First Name Steven	Middle Name Lyle
Last Name Preszler		Suffix
 b. Title Supervising Enginee 		c. Telephone Number (give area code) (530) 245-6607
d. Signature of Author	dun Penle	e. Date Signed April 21, 2006

Previous Edition Usable Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

APPLICATION FEDERAL AS				A DATES May J, 20	OO	Applicant Identities VC999043-00
1 TYPE OF SUBMISSI	:NC:			3. DATE I	RECEIVED BY STATE	State Application Identifier
Application		Preapplication		,	ALIEM MENTERONAL MARKALLER VOCA V SET V V SET V V V	
9 Construction # Son-Construction		9 Construction 9 Non-Constru		1 DATE I	RECEIVED BY FEINERAL AGENCY	Federal Identifier
5 APPLICANT INFOR	MATION			T		**************************************
Legal Name: DEPARTS	MENT of TOXIC SUI	BSTANCES CO	ONTROL.	Organizatio	mai Unit: SITE MITIGATION & BRO	DWNFIELDS REUSE PROGRAM
Address (give city, county) 1001 I STREET, 11th P.O. BON 806 SACRAMENTO, CAL	PLOOR)6	RECEIV	E Daren	iclephone number of the person to be contacted. MARIA BONILLA (916) 324-2444	ted on matters involving this application
6 EMPLOYER IDENT 6 8 - 0	ETICATION (EIN): 2 8 1 3 8 3		MAY - 4 6	ψυ <u>,</u> υ	TYPE OF APPLICANT: (enter appropria A State H. Independent)	
	8. TYPE OF APPLICATION: STATE CLEARING STATE CLEARING			HOUSE	R County I State Controll C. Municipal J. Private Unive D. Township K, Indian Tribe	•• •
lf Revision, anter approp A. Increase	riate letter(s) in box(es): Award B. Decrease	Award	and the second s		E. Interstate L. Individual P. Interminium M. Probi Organ G. Special District N. Other (Special	
C. Increase (Other Specif		S Duration		1	OF FEDERAL AGENCY.	**************************************
PIPERSYNTHINININININA AANSTYNAITENINININAAA	ek kwalimako esimini malako bere, berber, ya perbebera bere bere bere e				ENVIRONMENTAL PROTECTION	AGENCY
	SISTANCE NUMBER				RIPTIVE TITLE OF APPLICANT'S PROJ CONTINUING CHALLENGE WORKSHOP	
12. AREAS AFFECTEI	NVIRONMENTAL R	***************************************	- INTERNATIONAL CONTRACTOR CONTRA			
STATEWIDE C		The second of th		(DUNS	# 949010870)	
13. РКОРОЅЕВ РКОЈЕ	("I":	I to conda	ESSIONAL DISTRICT OF:			1.54
Start Date	End Date	a. Applicant:				b. Project
07/01/200%	06/30/2007		5 & 6			5 & 6
15. Ustimated Funding:	1	4	######################################	16.	IS APPLICATION SUBJECT TO REVIE	W BY STATE EXECUTIVE ORDER
a. Federal ^{lt}		\$ 20,000)		VEVI2 PROCESS? YES, THIS PREAPPLICATION/APPLI	CATION WAS MADE AVAILABLE
b. Applicant		\$		i.	TO THE STATE EXECUTIVE ORDER ON:	12372 PROCESSES FOR REVIEW
c. State	W	\$ 22,22	2		DATEMAY 3, 2006	
d. Local		\$	10400-0700-040	١٠.	NO 9 PROGRAM IS NOT COVERED BY I	
e. Other	······································	\$			9 OR PROGRAM HAS NOT BEEN SEI	LECTED BY STATE POR REVIEW
f. Program Incor	ne	\$	41-24-17		HE APPLICANT DELINQUENT ON Yes - If "Yes" attach an explana	
g. TOTAL		\$ 22,22	2		The state of the s	
Main day	ST OF MY KNOWLED Y AUTHORIZED BY T TANCE IS AWARDED	GE AND BELIE UE GOVERNIN	F. ALL DATA IN THIS API G BODY OF THE APPLICA	PLICATION/ HT GNA TH	PREAIPLICATION ARE TRUE AND CO E APPLICANT WILL COMPLY WITH TI	RRECT, THE DOCUMENT HAS HE ATTACHED ASSURANCES IF
a. Typed Name of Auth	orized Representative.	DOROTHY	RICE	h. Tale:	DEPUTY DIRECTOR	e. Telephone No. (916) 323-3576
d. Signature of Authoriz	Representative	Ri			Con.	e Date Staned 5 · 3 · 0 6
Previous tidinous Not Unifile		· · · · · · · · · · · · · · · · · · ·	- III () QVIIII QIQII Q		THAT THE THE THE BERKERE LEWIS CONTROL OF THE THE THAT THE THAT THE PARTY OF THE PA	Standard from 4.4A (REV 4.8 Properties) by OMR Circular A-B

APR 27 2 APPLICATION FOR FEDERAL ASSISTANCE OMB Approval No. 0348-0043 2. DATE SUBMITTED Applicant Identifier April 20, 2006 1. TYPE OF SUBMISSION 3. DATE RECEIVED BY STATE Application Construction State Application Identifier Presoplication [] Construction 4. DATE RECEIVED BY FEDERAL AGENCY Mon-Construction Federal Identifier Non-Construction 5. APPLICANT INFORMATION Legal Name; Orange Cove Fire Protection District of Fresno & Tulare Organizational Unit Special District Address (give city, county, State, and zip code): Name and telephone number of person to be contacted on matters involving 550 Center St this explication (give area code) Orange Cove. CA 95646 8. EMPLOYER IDENTIFICATION NUMBER (EIN) Robert Terry 559-626-7758 7. TYPE OF APPLICANT: (enter appropriate lotter in vox) 9 4 - 8 0 3 5 4 0 3 3 8. TYPE OF APPLICATION: A. State H. Independent School Dist. 8. County i. State Controlled institution of Higher Learning 2 New T continuetton Rovision C. Municipal J. Private University if Revision, enter appropriate letter(s) in box(es) D. Township K. Indian Tribe E. interstate L. Individual F intermunicipal A. increase Award M. Profit Organization S. Decreese Award C. Increase Duration O. Decrease Duration Other(specify): G. Special District N. Other (Specify)___ O. NAME OF FEDERAL AGENCY: USDA Rural Development 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10-768 Replace roof on fire station TITLE: Community Facilities Grant 12. AREAS AFFECTED BY PROJECT (Chies, Counties, States, etc.); Orange Cove. CA 13. Proposed Project 14. CONGRESSIONAL DISTRICTS OF: MAY 0 4 2006 Start Date Ending Date a. Applicant STATE CLEARING HOUS b. Project 21 Devin Nunes 15. ESTIMATED FUNDING: 21 Devin Nunes 18. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a Federal 19,525.00 8. YES, THIS PREAPPLICATION/APPLICATION WAS MADE b. Applicant AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 0 PROCESS FOR REVIEW ON: c State d. Local DATE e. Other b. No. | D PROGRAM IS NOT COVERED BY E. Q. 12372 O OR PROGRAM HAS NOT BEEN SELECTED BY STATE 15,975.00 i. Program Income FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEST? 9. YOTAL Yes If "Yes," attach an explanation. 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE the Name of Authorized Representative b. Title bert Terry c. Telephone Number Signified Authorized Sugresentative Fire Chief (559) 626-7758 e. Date Signed Previous Edition Usable Authorized for Local Reproduction Standard Form 424 (Rev. 7-97) Prescribed by QIMB Circular A-102

APPLICATION FOR					Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMIT	red	Applicant Iden CA-90-Y407	tifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVE	D BY STATE	State Applicat	ion Identifier
☑ Construction	☑ Construction	4. DATE RECEIVE	D BY FEDERAL AGEN	ICY Federal Identif	fier
Non-Construction	Non-Construction		•	CA-90-Y407	
5. APPLICANT INFORMATION					
Legal Name:		_	Organizational Department:	Unit:	
Foothill Transit	The second secon		Finance		
Organizational DUNS: 94-364-2124	RECE	EIVED	Division:		
Address: Street:		1		phone number of pe application (give are	rson to be contacted on matters
Street.	MAY -	3 2006	Prefix:	First Name:	a coac)
100 N. Barranca Avenue, Suite	100		Mr.	Gil	
City: West Covina	STATE CLE	ARING HOUSE	Middle Name		
County: Los Angeles	SIATE	And the second s	Last Name Victorio		
State: CA	Zip Code 91791		Suffix: NA		
Country: USA			Email: gvictorio@footh	nilltransit.org	
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number	(give area code)	Fax Number (give area code)
95-4668218]		(626) 967-2274	ext. 234	(626) 915-1143
8. TYPE OF APPLICATION:			7. TYPE OF AP	PLICANT: (See back	k of form for Application Types)
If Revision, enter appropriate let (See back of form for description	ter(s) in box(es)	n Revision	Other (specify) Joint Powers Au	uthority EDERAL AGENCY:	
Other (specify)			Federal Transit		
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	CE NUMBER:	11. DESCRIPTI	VE TITLE OF APPLI	CANT'S PROJECT:
TITLE (Name of Program):		20-50	7 Bus Replaceme	ent and acquisition of	Administrative Office Bldg.
12. AREAS AFFECTED BY PR	,	s, States, etc.):			
20 cities and Los Angeles Cour	nty	MILIMITE			•
13. PROPOSED PROJECT	I Ending Date:		a. Applicant	SIONAL DISTRICTS	OF: b. Project
Start Date: Jun 1, 2005	Ending Date: Oct 31,2007		District No. 26,2	29,32,38 & 42	Same
15. ESTIMATED FUNDING:	i de la companya del companya de la companya de la companya del companya de la co		16. IS APPLICA		REVIEW BY STATE EXECUTIVE
a. Federal \$		14 142 120	a Ves IV THI	S PREAPPLICATION	V/APPLICATION WAS MADE
b. Applicant \$		14,143,120	AV/	AILABLE TO THE ST. OCESS FOR REVIEV	ATE EXECUTIVE ORDER 12372 N ON
c. State \$.00	DA ⁻	TE: 04/28/2006	
d. Local \$		4,846,880 ·	b. No. 🗇 PRO	OGRAM IS NOT COV	/ERED BY E. O. 12372
e. Other \$			──		T BEEN SELECTED BY STATE
f. Program Income \$.00		R REVIEW P <mark>licant delinque</mark>	NT ON ANY FEDERAL DEBT?
g. TOTAL \$		18,990,000	─────────────────────────────────────	attach an explanation	n. 🛭 🗹 No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	, ALL DATA IN THI GOVERNING BOD	S APPLICATION/PREA	APPLICATION ARE 1	TRUE AND CORRECT. THE
a. Authorized Representative			T.	diddle North	
Prefix Mr.	First Name Gil			Middle Name	
Last Name Victorio				Suffix	
b. Title Finance Manager		-		c. Telephone Number (626) 967-2274 ext. 2	
d. Signature of Authorized Repre	esentative Sp 7	lickn	k	e. Date Signed	
				04/28/2006	

				OMB Approval No. 0348-004
APPLICATION FOR FEDERAL ASSISTA	NCE	2. DATE SUBMITTED		Applicant Identifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier
Application Construction Non-Construction	Preapplication Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION	<u> </u>			
		URFAO	Organizational Unit:	
Address (give city, county, State	and zip code):	- 16	Name and telephone r this application (give a	number of person to be contacted on matters involving
645 ANTELOPE	BLVD STIE	OFIVED	1 · · · · · · · · · · · · · · · · ·	440/530-527-4864 H
RED BLUFF, (24, 7640RE	SEIVED	530-526-4	NT: (enter appropriate letter in box)
6. EMPLOYER IDENTIFICATION		7 - 4 2006	A. State	H. Independent School Dist.
8. TYPE OF APPLICATION:	CTATE C	LEARNIC HOUSE	B. County C. Municipal	State Controlled Institution of Higher Learning J. Private University
Nev	w ☐ Continuation = C	LEARINGHOUSE	D. Township	K. Indian Tribe
If Revision, enter appropriate let	ter(s) in box(es)		E. Interstate F. Intermunicipal	L. Individual M. Profit Organization
A, Increase Award B. Ded	crease Award C. Increase	e Duration	G. Special District	N. Other (Specify) NON PROFIT
	(specify):		9. NAME OF FEDERA	AL AGENCY:
			USDA PUI	PAL DEVELOPMENT
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE NU	JMBER:	11 DESCRIPTIVE TIT	ILE OF APPLICANT'S PROJECT:
TO. DATACOG OF TEDERIAL P		10-766	NEW TEH	AMA COUNTY FARM
TITLE: COMMO	UNITY FACILITY	TIE	BUREAU	OFFICE BUILDING
f .				
RED BLOFF, TI	EHAMA, CALIF	ORNIA_		
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:		
Start Date Ending Date 6-30-2006 12-30-2006	a. Applicant		b. Project	1
15. ESTIMATED FUNDING:	1		16. IS APPLICATION ORDER 12372 PR	SUBJECT TO REVIEW BY STATE EXECUTIVE COCESS?
a. Federal	\$ 987,000	. 00	a. YES. THIS PREA	PPLICATION/APPLICATION WAS MADE TO THE STATE EXECUTIVE ORDER 12372
b. Applicant	\$ 116,000	•		FOR REVIEW ON:
c. State	\$		DATE	5-4-04
d. Local	\$	90	b. No. PROGRA	M IS NOT COVERED BY E. O. 12372
e. Other	\$,00	☐ OR PROG FOR REV	GRAM HAS NOT BEEN SELECTED BY STATE IEW
f. Program Income	\$	oo	17. IS THE APPLICAN	NT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$1103000	0	Yes If "Yes," a	attach an explanation.
DOCUMENT HAS BEEN DULY	WLEDGE AND BELIEF, ALL AUTHORIZED BY THE GO	VERNING BODY OF TH	ATION/PREAPPLICAT E APPLICANT AND TH	ION ARE TRUE AND CORRECT, THE IE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF	THE ASSISTANCE IS AWAI	RDED.		t. Telephone Number
Mark E.G.	les	PRESIDEN	TCFB	530-527-7882 e. Date Signed
d. Signature of Authorized Repla	entative			6- (1-D)(2

Previous Edition Usable

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Standard Form 424 (Rev. 7-97)

Prescribed by OMB Circular A-102



Second Program Year Action Plan

The CPMP Second Annual Action Plan includes the SF 424 and Narrative Responses to Action Plan questions that CDBG, HOME, HOPWA, and ESG grantees must respond to each year in order to be compliant with the Consolidated Planning Regulations. The Executive Summary narratives are optional.

Complete the fillable fields (blue cells) in the table below. The other items are prefilled with values from the Grantee Information Worksheet.

Applicant Identifier	Type of 9	Submission
State Identifier	Application	Pre-application
Federal Identifier	○ Construction	☐ Construction
	☑ Non Construction	☐ Non Construction
ition		
	CA69019 FRESNO CO	UNTY
00F	/078787397	
	0	
California	Public Works and Plan	nning Department
Country U.S.A.	Community Developm	nent Division
Number (EIN):	Fresno County	
	7/1	
	Specify Other Type	if necessary:
<i>'</i>	Specify Other Type	
	Housing and	U.S. Department of
s) (cities, Counties, localit	ies etc.); Estimated Fu	nding
	Description of Areas A Project(s)	iffected by CDBG
oans (Owner Occupied) ogram cture & Public Facilities ater and Sewer vements (06177)	The Cities of Coalinga	, Fowler, Kerman,
	State Identifier Federal Identifier Pederal Identifier Courtina Country U.S.A. Number (EIN): Pestic Assistance Numbers, so (cities, Counties, locality Ment Block Grant Administration Persight, and Coordination Persight Public Facilities Personnel Courties Personne	State Identifier Federal Identifier Canstruction CA69019 FRESNO CO 7078787397 California Country U.S.A. Public Works and Plan Country U.S.A. Community Develope Fresno County 7/1 Specify Other Type Specify Other Type Specify Other Type Specify Other Type Housing and estic Assistance Numbers; Descriptive Title of Ap (cities, Counties, localities etc.); Estimated Fu nent Block Grant 14.218 Entitlement Description of Areas A Project(s) The Unincorporated a The Cities of Coalinga Kingsburg, Mendota, I Selma Orgram Country Community Developed Fresno Country The Unincorporated a The Cities of Coalinga Kingsburg, Mendota, I Selma Orgram Country Community Developed Fresno Country Fresno Country Fresno Country Fresno Country The Unincorporated a The Cities of Coalinga Kingsburg, Mendota, I Selma

County of Fresna

- Kerman Project				
 Kingsburg 20th Ave Sidewalk, Cur 	b, and Gutter			
Improvements (06173)				
 Mendota Fire Protection Improvem 				
- Reedley Linden Avenue Street and	Drainage			
Improvements (06156)	C			
 Selma Street Improvements - Arra Various Alleyways (06141) 	ans, Grant, Mill &	4		
- Sanger Road Reconstruction - 7 th	Street			
Recreation Way (06175)	oreat,			
- Sanger Park - Tot Lot Play Structu	re (06176)	, in the second		
- Cantua Creek Wastewater Pond/Se				
(06029)	•			
- Laton Latonia Standby Generator				
- Caruthers Water Distribution Syste	e m			
Improvements - Ph. II (06998)				
- Raisin City Water Distribution - Ph	ase III Water			
Storage Tank (06049)				
\$4,084,944 - Entitlement	\$0		Describe	
\$0		\$0		
				1:7
\$0		\$0		
\$1,500,000 - Program Income		Other (Describ	e)	
\$5,584,944 - Total 2006 - 07 CDBG	Funding Availab	le		
		**	,	
Home Investment Partnershi	ps Program	14.239 HOME		
HOME Project Titles		Description of	Areas Affected b	y HOME
	•	Project(s)		•
		1 ' ' '		
- Administration of HOME	e de la companya de			eno County:
- Downpayments Assistance (HOME)	The Unincorpor		
 Downpayments Assistance (HOME Downpayment Assistance (ADDI))	The Cities of Co	oalinga, Fowler,	Kerman,
 Downpayments Assistance (HOME Downpayment Assistance (ADDI) HOME CHDO Set-Aside: 		The Citles of Co Kingsburg, Mer		Kerman,
 Downpayments Assistance (HOME Downpayment Assistance (ADDI) HOME CHDO Set-Aside: Affordable Housing Development 		The Cities of Co	oalinga, Fowler,	Kerman,
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- Downpayments Assistance (HOME - Downpayment Assistance (ADDI) - HOME CHDO Set-Aside: Affordable Housing Development Unincorporated Area - Housing Rehabilitation Loans in Ci Unincorporated Areas (Owner Occ Rental) - Lead Based Paint Testing and Abar - Relocation Assistance	in Citles & ties and cupied and tement	The Citles of Ci Kingsburg, Mer Selma	oalinga, Fowler, ndota, Reediey,	Kerman,
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- Downpayments Assistance (HOME - Downpayment Assistance (ADDI) - HOME CHDO Set-Aside: Affordable Housing Development Unincorporated Area - Housing Rehabilitation Loans in Ci Unincorporated Areas (Owner Occ Rental) - Lead Based Paint Testing and Abar - Relocation Assistance	in Citles & ties and cupied and tement	The Citles of Ci Kingsburg, Mer Selma	oalinga, Fowler, ndota, Reediey,	Kerman,
- Downpayments Assistance (HOME - Downpayment Assistance (ADDI) - HOME CHDO Set-Aside: Affordable Housing Development Unincorporated Area - Housing Rehabilitation Loans in Ci Unincorporated Areas (Owner Occ Rental) - Lead Based Paint Testing and Abar - Relocation Assistance \$1,615,710 - Entitlement \$0	in Citles & ties and cupied and tement	The Citles of Ci Kingsburg, Mer Selma \$0	oalinga, Fowler, ndota, Reediey,	Kerman, Sanger, an d
- Downpayments Assistance (HOME - Downpayment Assistance (ADDI) - HOME CHDO Set-Aside: Affordable Housing Development Unincorporated Area - Housing Rehabilitation Loans in Ci Unincorporated Areas (Owner Occ Rental) - Lead Based Paint Testing and Abar - Relocation Assistance \$1,615,710 - Entitlement	in Citles & ties and cupied and tement	\$0 \$0 Other: HOME of Colors of Col	Describe	Kerman, Sanger, an d 1,615,710
- Downpayments Assistance (HOME - Downpayment Assistance (ADDI) - HOME CHDO Set-Aside: Affordable Housing Development Unincorporated Area - Housing Rehabilitation Loans in Ci Unincorporated Areas (Owner Occ Rental) - Lead Based Paint Testing and Abar - Relocation Assistance \$1,615,710 - Entitlement \$0 \$0 \$900,000 - Program Income	in Citles & ties and cupied and tement	\$0 \$0 Other: HOME of funding.	Describe	Kerman, Sanger, an d 1,615,710
- Downpayments Assistance (HOME - Downpayment Assistance (ADDI) - HOME CHDO Set-Aside: Affordable Housing Development Unincorporated Area - Housing Rehabilitation Loans in Ci Unincorporated Areas (Owner Occ Rental) - Lead Based Paint Testing and Abar - Relocation Assistance \$1,615,710 - Entitlement \$0	in Citles & ties and cupied and tement	\$0 \$0 Other: HOME of funding.	Describe	Kerman, Sanger, an d 1,615,710

County of Fresno

Uavaine On		- ć D	1		4 4 5	44 140 04			
Housing Op AIDS	:	s for Peop	ole with	1	14.2	41 HOPV	VA		
HOPWA Projec					1	cription o ect(s)	of Areas Affe	cted by H	OPWA
\$HOPWA Grar	it Amount		Additiona everaged	I HU) Gra	nt(s)	Describe		
\$Additional Fe	deral Funds	Leveraged			\$Add	itional St	ate Funds Lev	eraged	
\$Locally Lever	raged Funds		,		\$Gra	ntee Fund	is Leveraged		M
\$Anticipated F	rogram Inco	me			Othe	r (Describ	e)		
Total Funds Le	everaged for	HOPWA-bas	ed Projec	ct(s)	·	•			
Emergency	Shelter G	rants Prog	Jram .	· .	14.2	31 ESG			
ESG Project Ti - Emergency S		(FSG) Adm	vinistratio	· ·		ription of ect(s)	Areas Affecte	d by ESG	
- ESG Activitie Selected in	eubivibnI) e	ESG Activit	ties will b	ė	The	Cities of C sburg, Me	rated area of oalinga, Fowl ndota, Reedle	er, Kermar	١,.
\$211,579		\$0					Describe		
\$0				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$0		,		
\$0					\$0		. •	•	
\$0					Othe	r (Describ	e)		
\$211,579									
Congressiona	l Districts of	:		Is a	polic	ation subj	ect to review	by state	
18, 19, 20, 2		18, 19, 20	, 21				2372 Process		
Is the applicated debt? If "Yes document ex	" please incl	ude an addit		⊠ \	(es		lication was n EQ 12372 pr		
document ex	branning the	aituation,		-	No ·		is not covere	d by FO 12	372
Yes		⊠ No			V/A		has not been		

Application for Federal Ass	sistance SF-424		Version 0
 1. Type of Submission: Preapplication Application Changed/Corrected Application 	* 2. Type of Application:	If Revision, select appropriate letter(s): Other (Specify)	
* 3. Date Received:	4. Applicant Identifier:		
			RECEIVED
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:	MAY 0 8 2006
State Use Only:			STATE CLEARING HOUSE
G. Date Received by State:	7. State Applica	ation Identifier:	The state of the s
8. APPLICANT INFORMATION:		***************************************	,
*a.Legal Name: County of	Sierra, Californ	nia; Sheriff-Coroner	
* b. Employer/Taxpayer Identification		* c. Organizational DUNS:	
94-6000536		04-048-2804	
d. Address: 100 Courthous	e Square, PO Box	x 66, Downieville, CA 9	5936-0066
* Street1: 100	Courthouse Squar	re	
Street2: Post	Office Box 66		
* City: Down	nievillo		
County: Sier	ra County		
* State: CA			
Province:			
* Country: USA			
* Zip / Postal Code: 9593	36-0066		
e. Organizational Unit:			
Department Name: Sierra County Sherif	ï f	Division Name:	
f. Name and contact information of	person to be contacted o	n matters involving this application:	
Prefix: Sheriff Middle Name:	^ First Na	ame: <i>Lee</i>	
Last Name: Adams			
Suffix: III			
Title: Sierra Coun	nty Sheriff - Cor	roner	
Organizational Affiliation: Sierra Coun	nty Sheriff-Coron	ner	
* Telephone Number: 530 2	?89-3700	Fax Number: 530 2	289-3318
*Email: hangm	man@sierracounty.		

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: County Government	
Type of Applicant 2:	
Type of Applicant 3:	
* Other (specify):	
* 10. Name of Federal Agency:	
Office of Community Oriented Policing Services (COPS)	
11. Catalog of Federal Domestic Assistance Number: 16.710	
CFDA Title:	
12. Funding Opportunity Number:	
COPS-OTHER-TECH-2006-1	
*TitleCOPS Technology Program	
13. Competition Identification Number:	
Title	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
Sierra County, Ca	
15. Descriptive Title of Applicant's Project:	
Sierra County Sheriff's Communications Console Upgrade	
Attach supporting documents as specified in agency instructions.	

Application for F	ederal Assistance Si	F-424				
16. Congressional Di	istricts Of:			-		
[†] a. Applicant	CA-4		' b. Program	/Project:	CA-4	
Attach an additional lis	st of Program/Project Congr	essional Districts if needs	əd.			
17. Proposed Project	t:					
' a. Start Date:	10/1/2006		⁺ b. End	Date:	10/1/2007	
18. Estimated Fundin	ng (\$): 98,723.00					
* a. Federal	98,723.00					
* b. Applicant						
* c. State						
* d. Local						
* e. Other						
* f. Program Income						
* g. TOTAL	98,723.00					
herein are true, comp ply with any resulting subject me to crimina Machine	opplication, I certify (1) to the plete and accurate to the beg terms if I accept an award al, civil, or administrative plans and assurances, or an in	est of my knowledge. I a d. I am aware that any fa penalties. (U.S. Code, Ti	also provide the required alse, fictitious, or fraudul itle 218, Section 1001)	d assurand lent staten	ces** and agree to com- nents or claims may	, , , , , , , , , , , , , , , , , , ,
specific instructions.		-				
Authorized Represent	tative:	- what			Standard Form 424 (F	•
Prefix: She	eriff	* First Name:	Lee			
Middle Name:						
Last Name: Ada	ıms					
Suffix:	The state of the s					
Title: Sie	erra County Sheri	iff		-		
* Telephone Number:	530 289-2899		Fax Number:	530 289	9-3318	
*Email: hang	gman@sierracounty	ļ.ws				
* Signature of Authorize		BAM	→ Date Signed:	May 2,	2006	

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Application for Federal Assis	stance SF-424		Version 02	
* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):		
Preapplication	✓ New		pungatuh terdahag saturan termangkan pungan pendapan terdahan pungatuh berangkan di kalandar pendapan dalam da saturan da saturan berangkan da saturan berangkan da saturan berangkan bera	
Application	Continuation	* Other (Specify)	RECEIVED	
Changed/Corrected Application	Revision		MAY 0 5 2006	
* 3. Date Received;	4. Applicant Identifler:		111111 0 0 2,000	
Completed by Grants.gov upon submission.	.,, .		STATE CLEARING HOUSE	
5a, Federal Entity Identifier:	•	* 5b. Federal Award Identifier:	MERCIA TERMENIA NE RATE POR CALLETTE ANTIGORA LA RECORDANZA LIGAM PROFESSORIA MANAGEMENTA LIGAM ESPASSORIA PA	
State Use Only:	V V V V V V V V V V V V V V V V V V V			
6. Date Received by State:	7. State Applicatio	n Identifier:		
8. APPLICANT INFORMATION:				
^ a. Legal Name: State of California D	Department of Parks and Recr	reation	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
b. Employer/Taxpayer Identification N	lumber (EIN/TIN):	° c. Organizational DUNS:		
680303606		620851076		
d. Address:				
* Street1: 750 Hearst Castle Road				
Street2:	912:			
* City: San Simeon				
County:			4 W W W W W W W W W W W W W W W W W W W	
* State:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CA: California		
Province:				
* Country: * Zip / Postal Code: 93452-9741	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	USA: UNITED STATES		
		*		
e. Organizational Unit:		T		
Department Name:		Division Name: San Luis Obispo Coast District		
f. Name and contact Information of				
Prefix: Mr. Middle Name:	* First Nam	ne: Nicholas		
*Last Name: Franco			1 104 10 100 100 100 100 100 100 100 100	
Suffix:			(diff (i) = 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	
Title: District Superintendent				
Organizational Affiliation:		115 111 1 8 100 p		
State of California Department of Parks	and Recreation			
* Telephone Number: 805-927-2065		Fax Number: 805-927-2031		
* Email: nfranco@hearstcastle.com				

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	RECEIVE
A: State Government Type of Applicant 2: Select Applicant Type:	MAY 0 5 2006
Type of Applicant 3: Select Applicant Type:	STATE CLEARING HOUSE
• Other (specify):	The state of the s
* 10. Name of Federal Agency: National Oceanic and Atmospheric Administration	
11. Catalog of Federal Domestic Assistance Number:	
11.419 CFDA Title:	
Coastal Zone Management Administration Awards	
* 12. Funding Opportunity Number:	
NOS-OCRM-2006-2000663 * Title:	
2006 Coastal and Estuarine Land Conservation Program	
13. Competition Identification Number:	
Title:	·
14. Areas Affected by Project (Cities, Counties, States, etc.):	
* 15. Descriptive Title of Applicant's Project:	
Acquisition of 18 acres of Piedras Blancas property.	
Attach supporting documents as specified in agency instructions.	
的是是我们的现在分词的对象的现在分词是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	

Application	for Federal Assista	nce SF-424	V	ersion 02
16. Congressio	nal Districts Of:			
" a. Applicant	23		b. Program/Project 23	
Attach an addition	onal list of Program/Projec	et Congressional Districts if ne	needed.	
		Accentachments Delat	ate Attachment View Attachment	
17. Proposed P	Project:			
* a. Start Date:	08/01/2006		* b. End Date: 03/31/2007	
18. Estimated F	-unding (\$):			
• a. Federal		467,922.00		
* b. Applicant		467,922.00		
* c. State		0.00	RECEIVED	
d. Local		0.00	MAY 0 5 2006	
* e. Other		0.00		
*f. Program Inc	come	0.00	STATE CLEARING HOUSE	
• g. TQTAL		935,844.00	The first of the second	
c. Program is 20. Is the App Yes 21. *By signing herein are true comply with armay subject m AGREE	on the covered by E.O. 123 collicant Delinquent On Armonic Property No Experience of the complete and accurate by resulting terms if I accept to criminal, civil, or acceptifications and assurances	ry Federal Debt? (If "Yes", planation fy (1) to the statements content to the best of my knowled cept an award. I am award diministrative penalties. (U.S.)	· · · · · · · · · · · · · · · · · · ·	
Authorized Rep	presentative:			
Prefix:	Mr.	* First Name:	Nicholas	
Middle Name:				
* Last Name:	Franco			
Suffix:				
* Title: Distric	t Superintendent		,	
• Telephone Nur	nber: 805-927-2065		Fax Number: 805-927-2031	
* Email: nfran	nco@hearstcastle.com			.]
* Signature of Au	uthorized Representative:	Completed by Grants.gov upon sul	submission. Date Signed: Completed by Grants.gov upon aubmission.	

APPLICATION F			0 DATE 0 I DI II TED		A 1 A 1-1 -	Version 7/03
FEDERAL ASSI	STANCE		2. DATE SUBMITTED		Applicant Ide	
1. TYPE OF SUBMIS Application	SSION:	Pre-application	3. DATE RECEIVED BY	STATE	State Applica	tion Identifier
Construction		Construction	4. DATE RECEIVED BY	FEDERAL AGE	NCY Federal Ident	ifier
Non-Construction	on	☑ Non-Construction				
5. APPLICANT INFO Legal Name:	ORMATION			Organizationa	l Unit [.]	
_	gency of Sa	n Mateo County, Inc.		Department:		
Organizational DUNS		mi wateo County, inc.		Division:		
09-343-6137				Name and tole	phone number of n	erson to be contacted on matters
Address: Street:					application (give ar	
930 Brittan Avenue				Prefix: Mr.	First Name: William	
City: San Carlos				Middle Name Francis		
County: San Mateo				Last Name Parker		
State: CA		Zip Code 94070		Suffix:		
Country: USA		34070		Email:		
6. EMPLOYER IDEN	ITIFICATIO	N NUMBER (EIN):		wparker@bapr Phone Number		Fax Number (give area code)
94-247		l		650-595-1342	(0	650-595-5376
8. TYPE OF APPLIC]		7. TYPE OF AF	PPLICANT: (See bad	ck of form for Application Types)
	☑ Nev		n 🔲 Revision	O - Not for Prof	fit Organization	
If Revision, enter app (See back of form for			·	Other (specify)		
	u000/.pt.o/.			Community Act		
Other (specify)				9. NAME OF F USDA, Rural D	EDERAL AGENCY: evelopment	
10. CATALOG OF F	EDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPT	IVE TITLE OF APPL	ICANT'S PROJECT:
			10-443	1	•	omeowners in the rural Coastside
TITLE (Name of Prog Rural Housing - Hou	gram): Ising Preser	vation Grant		areas of San M	lateo County.	
		OJECT (Cities, Counties	s, States, etc.):	-		
Coastside, San Mate	eo County					
13. PROPOSED PRO	OJECT				SIONAL DISTRICTS	
Start Date: 10-01-06		Ending Date: 09-30-07		a. Applicant 12, 14		b. Project 12, 14
15. ESTIMATED FU	NDING:					REVIEW BY STATE EXECUTIVE
a. Federal	\$.00	a. Yes. Z	IS PREAPPLICATIO	N/APPLICATION WAS MADE
b. Applicant	DE	CEIVED	100,000	AV	AILABLE TO THE ST COCESS FOR REVIE	TATE EXECUTIVE ORDER 12372
		Thurst Leaders &	. 00			VV OIV
c. State	MÅ`	y - 8 2006	•		TE: 05-04-06	
d. Local	\$.00	b. No. 🔲 PR	OGRAM IS NOT CO	VERED BY E. O. 12372
e. Other	STATE ^{\$(}	CLEARING HOUSE	100,000		PROGRAM HAS NO	OT BEEN SELECTED BY STATE
f. Program Income	\$	CLINATURO CALCADA CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONT	. 00	17. IS THE AP	PLICANT DELINQUI	ENT ON ANY FEDERAL DEBT?
g. TOTAL	\$		200,000	Yes If "Yes"	' attach an explanatio	n. 🗹 No
18. TO THE BEST C	OF MY KNO	WLEDGE AND BELIEF	, ALL DATA IN THIS APP	LICATION/PRE	APPLICATION ARE	TRUE AND CORRECT. THE
		AUTHORIZED BY THE THE ASSISTANCE IS A		THE APPLICAN	T AND THE APPLICA	ANT WILL COMPLY WITH THE
a. Authorized Repres	sentative	First Nama			Middle Name	
Prefix Mr.		First Name William			Francis	
Last Name Parker					Suffix	
b. Title Executive Director					c. Telephone Numbe 650-595-1342	r (give area code)
d. Signature of Autho	rized Repre	sentative			e. Date Signed 05/04/06	
full		01/2/			00/04/00	

d. Signature of Authorized Representative
Previous Edition Usable
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Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

FEDERAL ASSISTA	NCE	2. DATE SUBMITTED		Applicant Identifier
		3/24/2006	Ó	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED B		State Application Identifier
Application	Preapplication			
Construction	Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier
Non-Construction	Non-Construction	<u> </u>		
5. APPLICANT INFORMATION			7	
Legal Name: CALIFORNIA CENT	ER FOR REGION	AL LEADERSHIP	Organizational Unit:	
Address (give city, county, State	and zin code):			number of person to be contacted on matters involving
200 PINE ST.	SUITE 400		this application (give a	area code)
SAN FRANUS	CO, CA. 94104	4	TRISH K	ELLY 3-2456
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):			ANT: (enter appropriate letter in box)
94-3352	1230		A. State	H. Independent School Dist.
8. TYPE OF APPLICATION:		**************************************	B. County	State Controlled Institution of Higher Learning
New	Continuation	Revision	C. Municipal	J. Private University
		Install Control of the Control of th	D. Township	K. Indian Tribe
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate	L. Individual
A. Increase Award B. Deci		- D	F. Intermunicipal	M. Profit Organization
	rease Award C. Increase specify):	Duration	G. Special District	N. Other (Specify) 501 (C) 3 NON- PROFIT ORGANIZATION
			9. NAME OF FEDERA	alagency: DEVELO PMENT ADMINISTRAT
		or a - 10 has hap you ge country produced	DEPARTMEN	IT OF COMMERCE
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NU	JMBER:		TLE OF APPLICANT'S PROJECT:
	ſ	111-307	CALIFORN	IA ECONOMIC
TITLE FOODOWA	IC A BJUSTA		I GANEUCH	IP NETWORK
12. AREAS AFFECTED BY PRO	JECT (Cities Counties Sta	MENI ASST.	NEW CKS!	
	<u>.</u>	ies, etc.j.		•
STATEWIDE	7	**************************************		
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:		
1/14 14/1 1 1 1 1	a. Applicant PELOSI-8世	hicmo	b. Project	- A DIS
15. ESTIMATED FUNDING:	PEROJEO	VISTRICI		E-ALL DISTRICTS
13. ESTIMATED FORDING:				SUBJECT TO REVIEW BY STATE EXECUTIVE
a. Federal	\$	00	ORDER 12372 PR	OCESS?
a. i edelar	15	0,000	A VEC THE DOEA	DDI ICATIONIA DDI ICATIONI INC.
b. Applicant				PPLICATION/APPLICATION WAS MADE TO THE STATE EXECUTIVE ORDER 12372
	2	81,115."		FOR REVIEW ON:
c. State	\$	F7, 385 °°		
d. Local			DATE	
u. Lucai	\$	21,500 ^{°°}	h No. EL DDOCDA	MIC NOT COVERED BY E. O. 40070
e. Other	s -	00		M IS NOT COVERED BY E. O. 12372 RAM HAS NOT BEEN SELECTED BY STATE
	•	•	FOR REV	
f. Program Income	\$	0 .00	, or next	
		0	17. IS THE APPLICAN	T DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$ 3	00,000.00		ttach an explanation.
10 TO THE DEST OF MY KNOW				6
DOCUMENT HAS BEEN DOLLY	LEDGE AND BELIEF, ALL MITHOPIZED BY THE COV	DATA IN THIS APPLICA	TON/PREAPPLICATI	ON ARE TRUE AND CORRECT, THE
ATTACHED ASSURANCES IF T	HE ASSISTANCE IS AWAR	remains bout or the RDED.	APPLICANT AND TH	E APPLICANT WILL COMPLY WITH THE
a. Type Name of Authorized Repre		b. Title		c. Telephone Number
Bonny L HER	mAN	President 6	CEO	818772-7832
d. Signature of Authorized Represe				e. Date Signed
	German			March 20, 2006
Previous/Edition Usable/		RECLIVE	U	Standard Form 424 (Rev. 7-97)
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		MAY - 8 2006	6	

STATE CLEARING HOUSE



Second Program Year Action Plan

The CPMP Second Annual Action Plan includes the SF 424 and Narrative Responses to Action Plan questions that CDBG, HOME, HOPWA, and ESG grantees must respond to each year in order to be compliant with the Consolidated Planning Regulations. The Executive Summary narratives are optional.

alone and the second second second		

Complete the fillable fields (blue cells) in the table below. The other items are prefilled with values from the Grantee Information Worksheet.

Date Submitted	Applicant Identifier	Type of S	Submission	
Date Received by sta	te State Identifier	Application	Pre-application	
Date Received by HU	D Federal Identifier	□ Construction	☐ Construction	
		■ Non Construction	☐ Non Construction	
Applicant Info	rmation			
County of Fresno		CA69019 FRESNO CO	UNTY	
2220 Tulare Street, 8	Sth Floor	/078787397		
0		0		
Fresno	California	Public Works and Plan	ning Department	
93721	Country U.S.A.	Community Developm		
Employer Identific	ation Number (EIN):	Fresno County		
94-6000512		7/1		
Applicant Type:		Specify Other Type	if necessary:	
Local Government: C	ounty	Specify Other Type		
Community Deve	lopment Block Grant	14.218 Entitlement	Grant	
CDBG Project Titles - Area Based Policing - CDBG Housing Prog - Fair Housing Activit - General Manageme	ram Administration ies	Description of Areas A Project(s) The Unincorporated ar The Cities of Coalinga, on Kingsburg, Mendota, R	ea of Fresno County; Fowler, Kerman,	
- Housing Dehabilitat	ion Loans (Owner Occupied)	Selma		

 Kerman Project Kingsburg 20th Ave Sidewalk, C Improvements (06173) Mendota Fire Protection Improve Reedley Linden Avenue Street a Improvements (06156) Selma Street Improvements - A Various Alleyways (06141) Sanger Road Reconstruction - 7th Recreation Way (06175) Sanger Park - Tot Lot Play Struction - Cantua Creek Wastewater Pond/ (06029) Laton Latonia Standby Generato Caruthers Water Distribution System Improvements - Ph. II (06998) Raisin City Water Distribution - In Storage Tank (06049) 	ements (06155) nd Drainage rrans, Grant, Mill & th Street, ture (06176) Sewer Pumps or (06011) stem			
\$4,084,944 - Entitlement	\$0		Describe	
\$0		\$0		
\$0		\$0		
\$1,500,000 - Program Income		Other (Describe)		
Home Investment Partners HOME Project Titles		14.239 HOME Description of A Project(s)	reas Affected by HO	OME
 Administration of HOME Downpayments Assistance (HOM) Downpayment Assistance (ADDI) HOME CHDO Set-Aside: Affordable Housing Developmen Unincorporated Area Housing Rehabilitation Loans in Outline Unincorporated Areas (Owner Owner Owner) Rental) Lead Based Paint Testing and Ab-Relocation Assistance 	t in Cities & Cities and ccupied and	The Unincorport	ated area of Fresno alinga, Fowler, Keri dota, Reedley, San	man,
\$1,615,710 - Entitlement	\$0		Describe	
\$0		\$0		
\$0		\$0		
\$900,000 - Program Income		Other: HOME entitlement of \$1,615,710 listed above includes \$20,137 in ADDI funding.		
\$2,515,710 - Total 2006 - 07 H			and specification of the property of the first and the second of the sec	

Housing Opportunities for People with AIDS		14.2	14.241 HOPWA			
HOPWA Project Titles			cription of Areas Affected by HOPWA ect(s)			
\$HOPWA Grant Amount	\$Additional Leveraged	HUD Gra	int(s) Describe			
\$Additional Federal Funds Leverage	d	\$Ad	ditional State Funds Leveraged			
\$Locally Leveraged Funds		\$Gra	antee Funds Leveraged			
\$Anticipated Program Income		Othe	er (Describe)			
Total Funds Leveraged for HOPWA-b	ased Project	:(s)				
Emergency Shelter Grants Pr	ogram	14.2	31 ESG			
ESG Project Titles - Emergency Shelter Grant (ESG) Ad - ESG Activities (Individual ESG Acti Selected in Fall 2006		Proje The The	cription of Areas Affected by ESG ect(s) Unincorporated area of Fresno County; Cities of Coalinga, Fowler, Kerman, sburg, Mendota, Reedley, Sanger, and			
\$211,579 \$0		Describe				
\$0		\$0	And the second state of th			
\$0		\$0				
\$0		Othe	er (Describe)			
\$211,579						
Congressional Districts of: 18, 19, 20, 21 18, 19, 2	20, 21	Is applic Executiv	ation subject to review by state e Order 12372 Process?			
Is the applicant delinquent on any debt? If "Yes" please include an addocument explaining the situation.	federal	⊠ Yes	This application was made available to the state EO 12372 process for review on May 5, 2006			
		□ No	Program is not covered by EO 12372			
☐ Yes No		□ N/A	Program has not been selected by the state for review			

Person to be contacted regar	ding this application		
Gigi	0	Gibbs	
Community Development Manager	(559) 262-4292	(559) 488-3940	
0	www.co.fresno.ca.us	0	
Signature of Authorized Repr Alan Weaver, Director Department of Public	•	Date Signed 4/28/06	

Narrative Responses

Executive Summary

The Executive Summary is optional, but encouraged. If you choose to complete it, please provide a brief overview that includes major initiatives and highlights that are proposed during the next year.

Program Year 2 Action Plan Executive Summary:

Mary 1271

The Action Plan constitutes an application to the U.S. Department of Housing and Urban Development (HUD) for 2006-07 Community Development Block Grant (CDBG), HOME Investment Partnerships Program (HOME), Emergency Shelter Grant (ESG), and American Dream Downpayment Initiative (ADDI) funds.

In August of 2005, the County of Fresno demonstrated compliance with the urban county qualification requirements under the Community Development Block Grant Entitlement Program and requalifed for entitlement status as an urban County. As an Urban County qualified to receive an annual entitlement of funds, the County is submitting this application for 2006-07 entitlement funds as follows:

CDBG: \$4,084,944 HOME: \$1,595,573 ADDI: \$ 20,137 ESG: \$ 211,579

Annual CDBG entitlement funds are redistributed between the cities of Coalinga, Fowler, Kerman, Kingsburg, Mendota, Reedley, Sanger, and Selma, which have elected to participate in the Urban County Program through a Joint Powers Agreement, and unincorporated areas within the County's jurisidcation. The Action Plan describes how the 2006-07 allocation of entitlement funds will be used in these areas.

Person to be contacted regar	ding this application	
Gigi	0	Gibbs
Community Development Manager	(559) 262-4292	(559) 488-3940
0	www.co.fresno.ca.us	0
Signature of Authorized Repr Gary D. Zomalt, Direc Department of Childre		Date Signed

Narrative Responses

Executive Summary

The Executive Summary is optional, but encouraged. If you choose to complete it, please provide a brief overview that includes major initiatives and highlights that are proposed during the next year.

Program Year 2 Action Plan Executive Summary:

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APPLICATION FOR FEDERAL ASSISTANCE	<u>-</u>	2. DATE SUBMITTED	· · · · · · · · · · · · · · · · · · ·	Applicant Ide	Version 7/03
1, TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED E	Y STATE	State Applica	itlon Identifier
☐ Construction	Construction	4. DATE RECEIVED 8	Y FEDERAL AGEN	Y Federal Iden	tifier
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION Legal Name:			Organizational L	lnit:	\\
Fresno West Coalition for Econo	omic Davalonmani		Department:		
Organizational DUNS:	Jine Davelopment	Facility and April and Apr	Division:		, d.
017025821	- I RECE				
Address: Street:	The state of the s		Name and telepi	none number of p oplication (give ar	erson to be contacted on matters
302 Fresno Street, Suite 212	MAY 0	9 2006	Prefix:	First Name:	
Cily: Fresno	1	į	Mr. Middle Name	, Jim	
County:	STATE CLEAR	tNG HOTISE	Tate Last Name		
Fresno	The state of the s	10000	Hill		
State: California	Zlp Code 93706		Suffix:		
Country: USA			Email: tateh@fwced.org		"
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (g		Fax Number (give area code)
52-2253338)		559-485-1273		559-485-1276
8. TYPE OF APPLICATION:			7. TYPE OF APP	LICANT: (See bad	ck of form for Application Types)
If Revision, enter appropriate lett		n 🌃 Revision	Non-profit		
(See back of form for description	of letters.)	П	Other (specify)		
Other (specify)	<u></u> i		9. NAME OF FED DHHS,ACF,OCS	ERAL AGENCY:	
10. CATALOG OF FEDERAL	OMESTIC ASSISTANCE	E NUMBER:		E TITLE OF APPL	ICANT'S PROJECT:
					h creates job by enabling the
TITLE (Name of Program); Community Economic Developm	nent Discretionary Grant	95-570	applicant to facilit	tate the expansion stall and constructs	of for-profit, a minority-owned
12. AREAS AFFECTED BY PR	OJECT (Cities, Countles	, States, etc.):	_		,
Fresno, Fresno county, Californi	a ·				
13. PROPOSED PROJECT				ONAL DISTRICTS	
Start Date: 10/01/06	Ending Date: 09/30/09		a. Applicant 20th District, Jim	Costa	b. Project 20th District, Jim Costa
15. ESTIMATED FUNDING:	—·I	10 a	16. IS APPLICAT	ION SUBJECT TO	REVIEW BY STATE EXECUTIVE
a. Federal \$		ao	ORDER 12372 PF	ROCESS?	N/APPLICATION WAS MADE
b. Applicant \$	-11 ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	700,000		DADLE TO THE GI	ATE EXECUTIVE ONDER 12372
		•	PRO	CESS FOR REVIE	WON
c. State \$.00	DATE	: 05/09/06	
d. Local \$, ou	b. No. (T) PRO	GRAM IS NOT CO	VERED BY E. O. 12372
e. Olher \$	•	· · · · · · · · · · · · · · · · · · ·	ORP		OT BEEN SELECTED BY STATE
f. Program Income \$	1	00		R <u>eview</u> Icant delinque	ENT ON ANY FEDERAL DEBT?
g. TOTAL \$	VIII	. 00	 ☐ Yes If "Yes" al	lach an explanatio	n. 🛭 🗗 No
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF,	ALL DATA IN THIS AF	PLICATION/PREAP	PLICATION ARE	TRUE AND CORRECT THE
ATTACHED ASSURANCES IF T	AUTHORIZED BY THE	GOVERNING BODY OF	THE APPLICANT A	ND THE APPLICA	ANT WILL COMPLY WITH THE
a. Authorized Representative Prefix Mr.	First Name Keith	,	- IMI	ddle Name	
Mr, Last Name	Keith		A		
Kelley			Su	ffix	
b. Title CEO/President				Telephone Number 9-485-1273	(give area code)
d. Signature of Authorized Repre	sentative	* 1 * 4 ,	. e.i	Date Signed	,,
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OMB Approval No. 0348-0043

APPLICATION FOR FEDE	RAL ASSISTANCE	2. Date Submitted	Applicant Identifier
1. Type of Submission:		3. Date Ree'd by State	State Application Identifier
Application Presp	plication		
Construction	Construction	4. Date Rec'd by Federal	Federal Identifier
X_Nonconstruction	Nonconstruction		,
5. Applicant Information:	•	Organizational Unit:	
Legal Name and Address:		Division of Water Quality	angangad an mattana
(give city, county, state, and zip of		Name and telephone of person to be co	
State Water Resour		involving this application (give area co	ours).
1001 1 Street, Sacre		James Giannopoulos	
Sacramento, Califo	inia 93814	(916) 341-5680	
6. Employer Identification Numb	oer (EIN): 680281986	1	endent School District
6. DUNS Number: 8083219) 13		astitute of Higher Learning
8. Type of Application:		C. Municipal J. Private	University
_X_NewRevision _		D. Township K. Indian	
If Revision, cuter appropriate lett	ter(s):	E. Interstate L. Individ	
A. Increase Award E	3. Decrease Award	•	Organization
C. Increase Duration 1). Decrease Duration	G. Special District N. Other	(specify)
Other (specify)			
		9. Name of Federal Agency:	secondaria Alexandra
10. Catalog of Federal Domestic 66,804	Assistance Number	U. S. Environmental Pro	otection Agency
	Storage Tanks Program	11. Descriptive Title of Applicant's P	roject:
•		Development and implementation of r	egulatory programs for the
12. Area Affected by Project:	Composition	prevention, detection, and correction of	or leaking UST's containing
(cities, counties, states, etc.) California	MAY 0 9 2006	petroleum and hazardous substances.	
13. Proposed Project:	AND AND CLEARING HOUSE	14 (0-11-11-11-11-11-11-11-11-11-11-11-11-11	
	1	14. Congressional District of:	
07/01/06	106/310/07/1 respectively and several	Applicant: Project: California	_ A11
16 DOTE (A TOP DE LE COMP		16. Is the application subject to review	
15. ESTIMATED FUNDING:	Control of the Contro	16. Is the application subject to revier Executive Order (EO) 12372 process?	
o Fadarol	ድኃስራ ራሶሶ	a. YES: X This application	
a. Federal h. Apolicant	\$296,600 \$0	a. YES:X_ This application available to the State EC	
h. Applicant c. State	\$0 \$100,294	available to the State Et	= 1 - mail or in per samental and
		Date: Ma	v 9. 2006
d. Local c. Other	\$0 \$0		ny 9, 2006 Sovered by EO # 12372
			t been selected by the
f. Program Income	\$0	state for review.	- "
g. TOTAL	\$396,894	17. Is the applicant delinquent on any	y Federal debt?
,	·	YES, attach explanation	_X NO
IR TO THE BEST OF MV KM	OWLEDGE AND DELIKE ATTO	ATA IN THIS APPLICATION/PREAF	PPLICATION ARE
		UTHORIZED BY THE GOVERNING	
		JE ATTACHED ASSURANCES IF TH	
IS AWARDED.	WILL COMILI WIM IT	1100	
a. Typed Name of Authorized R	epresentative	h. Title:	c. Telephone Number
Celeste Cantú		Executive Director	(916) 341-5615
d. Signature of Authorized Repr	esentative		c. Date Signed:
			05/15/06
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APPLICATION FOR FEDERAL ASSISTANCE	<u>.</u>		SUBMITTED		Applicant Identif	ier
1. TYPE OF SUBMISSION:		5/10/06 I	REVISION RECEIVED BY	STATE	State Application	n Identifier
Application	Pre-application	5/10/06		FEDERAL ACENCY	Federal Identifie	ar .
Construction	Construction	4. DATE	RECEIVED BY	FEDERAL AGENCY	l ederal identifie	
Non-Construction	Non-Construction					
5. APPLICANT INFORMATION				Organizational Un	it·	
Legal Name:		_		Department:		
California Urban Water Conseg	vation Council	PETER.				
Organizational DUNS:	meal.			Division:		
944524552	HEUL	COMP CARLS		Name and telepho	ne number of pers	son to be contacted on matters
Address:	KANV 1 0 20	06		involving this app	lication (give area	code)
Street: 455 Capitol Mall, Suite 703	MAY 1 0 20	00		Prefix:	First Name: Mary Ann	
1	1 19%	HOUSE		Middle Name		
City: Sacramento	STATE CLEARING	HOOSE				
County:		THE STREET, ST		Last Name Dickinson		
Sacramento	Tri- Code			Suffix:		
State: CA	Zip Code 95814					
Country:				Email: maryann@cuwcc.	org	
IIISA	ON NUMBER (EIM):			Phone Number (give		Fax Number (give area code)
6. EMPLOYER IDENTIFICATI				(916) 552-5885		(916) 552-5877
68-031806	9				ICANT: (See back	of form for Application Types)
8. TYPE OF APPLICATION:			_	1		
₩ N	ew 🖺 Continuat	ion 🛚	Revision	O - Not for Profit C	rganization)	
If Revision, enter appropriate le	etter(s) in box(es)	_	_	Other (specify)		
(See back of form for description	of of fetters.)				TO A CENOV	
Other (specify)				9. NAME OF FED	ERAL AGENCY: al Protection Agenc	cy l
10. CATALOG OF FEDERAL		UOF NUM	IDED.	11 DESCRIPTIVI	TITLE OF APPLI	CANT'S PROJECT:
TITLE (Name of Program): Water Quality Cooperative Ag 12. AREAS AFFECTED BY I	preement	6	6-463	This project propo	oc for the Alliance	on the national organization staff and for Water Efficiency including ouse for water use efficiency.
All U.S.	4			44 CONCRESSI	ONAL DISTRICTS	OF:
13. PROPOSED PROJECT				a. Applicant	ONAL DISTRICTO	b. Project
Start Date:	Ending Date: 4/30/08			5th		All U.S.
5/1/06 15. ESTIMATED FUNDING:	4/30/00			16. IS APPLICAT	TION SUBJECT TO	REVIEW BY STATE EXECUTIVE
15. ESTIMATED FONDING.			00	ORDER 12372 PI		N/APPLICATION WAS MADE
a. Federal	\$	3	35,000	a. Yes. 🛍 AVA	LABLE TO THE ST	TATE EXECUTIVE ORDER 12372
b. Applicant	\$		69,914	PRO	CESS FOR REVIE	VV OIV
	\$		00	DAT	E:	
c. State	Ψ		0 00	PPC	GRAM IS NOT CO	VERED BY E. O. 12372
d. Local	\$		0	I b. No. ILD		
e, Other	\$		0 .		DEVIEW	OT BEEN SELECTED BY STATE
	<u>e</u>		- 00	17. IS THE APP	LICANT DELINQU	ENT ON ANY FEDERAL DEBT?
f. Program Income	\$		0.			exercis.
g. TOTAL	\$		404,914	Yes If "Yes"	attach an explanation	J11.
18. TO THE BEST OF MY P DOCUMENT HAS BEEN DU ATTACHED ASSURANCES	U Y AIIIHURIZED BI I	112 001		APPLICATION/PREA OF THE APPLICANT	AND THE APPLIC	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE
a. Authorized Representativ	e			ln ln	liddle Name	
Prefix	First Name Mary Ann					
Last Name	mary run.				Buffix	()
Dickinson b. Title				c	: Telephone Numb (916) 552-5885 ext.	er (give area code) , 15
Executive Director	1 Pate	(3)	' L		. Date Signed	
d. Signature of Authorized R	epresentative	IN.	wo	10m	5/10/06	0: 1 15 424 (Boy 0 2003

Version 7/03

Annlication	for Federal Assis	stance SE 424					
	* * *			Version 02			
I			* If Revision, select appropriate letter(s):				
Preapplication New							
✓ Application ☐ Continuation			* Other (Specify)	·····			
Changed/Co	orrected Application	Revision					
* 3. Date Recei	ved:	4. Applicant Identifier:					
Completed by Gran	nts.gov upon submission.	N/A					
5a. Federal En							
N/A			N/A				
State Use Onl	y:						
6. Date Receive	ed by State:	7. State Application	on Identifier:				
8. APPLICANT	INFORMATION:						
* a. Legai Nam	e: Community Centers	s, Inc.					
↑ b. Employer/T	axpayer Identification N	lumber (EIN/TIN):	* c. Organizational DUNS;				
95-313-1727			165183997	RECEIVE			
d. Address:				RECEIVED			
* Street1: 7523 S. Vermont Avenue				WAT 1 1 2006			
Street2:				STATE CLEARING			
* City:	Los Angeles	7)		STATE CLEARING HOUSE			
County:	Los Angeles	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
* State:		7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CA: California				
Province:			:				
* Country:			USA: UNITED STATES				
* Zip / Postal C	ode: 90044						
e. Organizatio	nal Unit:						
Department Na	me:		Division Name:				
N/A		***	N/A				
f. Name and co	ontact information of	person to be contacted on	matters involving this application:				
Prefix:	Mr.	* First Nar	me: Jorge				
Middle Name:							
* Last Name:	Armendariz			3			
Suffix:							
Title: Executiv	re Director						
Organizational A	Affiliation:						
N/A			V/24.				
* Telephone Nu	mber: (323) 752-2115		Fax Number: (323) 789-4	574			
* Email: jarm	endariz47@aol.com						

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)	****
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
* 10. Name of Federal Agency:	
Administration for Children and Families	
11. Catalog of Federal Domestic Assistance Number:	
93.570	
CFDA Title:	
Community Services Block Grant_Discretionary Awards	
* 12. Funding Opportunity Number:	
HHS-2006-ACF-OCS-EE-0019	
* Title:	
Community Services Block Grant Program Community Economic Development Discretionary Grant ProgramOperational Project	s
13. Competition Identification Number:	
Title:	
And the Desire of Cities Counting Change at a live	
14. Areas Affected by Project (Cities, Counties, States, etc.): The City of Los Angeles in Los Angeles County; California	
The City of Los Angeles in Los Angeles County; California	
* 15. Descriptive Title of Applicant's Project:	
Community Centers, Inc (CCI) will provide a 36-month CED program that will create jobs due to business start-up in daycare, cor	nstruction
and the healthcare industry.	
Attach supporting documents as specified in agency instructions.	
Add Attachments Delete Attachments View Attachments	

Application for	or Federal Assista	nce SF-424								Version 02
16. Congression:	al Districts Of:									
a. Applicant	35				* b. Progr	am/Project	35			
Attach an addition	nal list of Program/Projec	Congressional D	istricts if nee	ded.						
		Add Attachme	ent							
17. Proposed Pr	aject									
a, Start Date:	09/01/06				* 1	o. End Date	08/0	1/09		
18. Estimated Fi	unding (\$): \$700,	gpo								
* a, Federal	\$700,00									
* b. Applicant	φ./.σσγ.σσ									
* c. State	4 17									
* d. Local										
e. Other										
* f. Program Inco	ome .	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•						
• g. TOTAL	\$700,00	n								
	tion Subject to Review			dor 12272	Penence?					
21. *By signing herein are true comply with an may subject me	No No I this application, I certify resulting terms if I are to criminal, civil, or a tifications and assurance ions.	fy (1) to the state e to the best of i ccept an award. dministrative pe	ements cont my knowled I am aware naities. (U.S	ained in th ge. I also p that any fa S. Code, Ti	e list of cer provide the lise, fictitiou the 218, Sec	s, or fraud tion 1001)	ulent state	ements o	r claims	
Authorized Re	presentative:									
Prefix:	Mr.	•	First Name:	Jarge						
Middle Name:										
* Last Name:	Armendariz									
Suffix:										
* Title: Execu	itive Director									
	mber: (323) 752-2115				Fax Number:	(323)789-	4570			
* Telephone Nu					, ax itomica.	(323)/ 69-	-570			
	nendariz47@sol.com				, ax nomes.	(323)169-	-570			

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005) Prescribed by OMB Circular A-102

facsimile transmittal

To:	Grants Coordination State Clearinghouse	Fax:	(916) 445-0613	
From:	Community Centers, Inc	Date:	5/11/2006	
Re:	Health and Human Servic CSBG Community Econo Block Grant		04	
CC:				
☐ Urge	• • • • • • • • • • • • • • • • • • •	• ☐ Please Comment	● Please Reply	● □ Please Recycle
	5-146			

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE	2. Date Submitted	Applicant Identifier		
Type of Submission: Application Preapplication	3. Date Rec'd by State	State Application Identifier		
Construction Construction	4. Date Rec'd by Federal	Federal Identifier		
X_Nonconstruction Nonconstruction		LS 96934701		
5. Applicant Information:	Organizational Unit:	All the second s		
Legal Name and Address:	Division of Water Quality			
(give city, county, state, and zip code)	Name and telephone of person to be c			
State Water Resources Control Board	involving this application (give area c	ode):		
1001 I Street, Sacramento County	James Giannopoulos (916) 341-5680	·		
Sacramento, California 95814	(910) 341-3660	,		
6. Employer Identification Number (EIN): 680281986		endent School District		
6. DUNS Number: 808321913	-	stitute of Higher Learning		
8. Type of Application:	· ·	University		
New _X_RevisionContinuation	D. Township K. Indian	•		
If Revision, enter appropriate letter(s):	E. Interstate L. Individ			
A. Increase Award B. Decrease Award	· · · · · · · · · · · · · · · · · · ·	Organization		
C. Increase Duration D. Decrease Duration	G. Special District N. Other	(specity)		
Other (specify)	9. Name of Federal Agency:			
10. Catalog of Federal Domestic Assistance Number 66.805	U. S. Environmental Pro	otection Agency		
Title: Leaking Underground Storage Tank Trust Fund	11. Descriptive Title of Applicant's P	roject:		
	Continue to develop and implement of			
12. Area Affected by Project:	the prevention, detection, and correcti	on of releases from leaking UST		
(cities, counties, states, etc.)	systems containing petroleum or hazar			
California	under the Resource Conservation and Recovery Act (RCRA)			
13. Proposed Project:	Subtitle I.			
Start Date End Date	14. Congressional District of:			
07/01/05 06/30/08	Applicant: Project: 3 California	A 11		
15, ESTIMATED PUNDING:	16. Is the application subject to review			
	Executive Order (EO) 12372 process?	-		
a. Federal b. Applicant c. State RECEIVE RECEIVE \$3,333,197 \$436,832		preapplication was made		
b. Applicant 10 2000 \$0	available to the State EC			
c. State MA1 \$436,832	review (m:	·		
d. Local - DING HOUSE	Date: Ma	y 10, 2006		
d. Local e. Other - "In-Kind" SPARKE CLEARING HOURS 1. Program Income \$0	b. NO: Program is not c	overed by EO # 12372		
f. Program Income \$0	Program has not	been selected by the		
	state for review.			
g. TOTAL \$4,805,152	17. Is the applicant delinquent on any YES, attach explanation	Federal debt? X NO		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, A	LL DATA IN THIS APPLICATION/PREAF	PLICATION ARE		
TRUE AND CORRECT, THE DOCUMENT HAS BEEN DUI				
APPLICANT, AND THE APPLICANT WILL COMPLY WIT IS AWARDED.	TI THE ATTACHED ASSURANCES IF TH	E ASSISTANCE		
a. Typed Name of Authorized Representative	b. Title:	c. Telephone Number		
Celeste Cantú	Exceutive Director	(916) 341-5615		
d. Signature of Authorized Representative		e. Date Signed:		
·				

plication for Fe	Inral Assis	tance SF-424			Version 02
		• 2. Type of Application:	· If R	evision, select appropriate letter(s):	
Type of Submission	7) A G.				
reapplication		ì		or (Specify)	
Application		[] Continuation [] Revision			
Changed/Corrected	Application	<u></u>			
Date Received:		4. Applicant Identifier:		,	
ploted by Grants,gov upo	on submivelon.			6b. Federal Award IdenNiler:	
Fodoral Entity Ident	fiør:	,	-	DD. Pedelal Award Serrimon	AFI.
		(pp	_11-		
ata Uso Only:				property and the second	
Date Rocelvod by S	nle:	7. State Applica	tion Ide	antifier:	14.97/ author 9
APPLICANT INFOR	MATION:				
		Development Center (VEDC)			41.
				c. Organizational DUNS:	
b. Employer/Texpaye	r idéulilication	Mauna (Starina).		171087653	
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Address:			.,,		
Stroett: 5121 Van Nuys Blvd., 3rd Floor			·		A. (1)
Stroet2:			_::/		
Cily:	Van Nuys	And the second s			
County:	Los Angoles	1 (y and a 1)			ALC:
State:		VI A STATE OF THE	**:	CA: California	
Province:		1 4		A: UNITED STATES	
Country:	I CONTROL OF THE PARTY OF THE P			A: UNITED STATES	
Zip / Postal Code:	91403	_ // v		-1112	1417
. Organizational L	nit:				
Department Name:	Application and the conference of the conference			Division Name:	
ALL		1			-41 249
f. Name and contain	t Information	of person to be contacted	on m	atters involving this application;	
Prefix: Mr.	of the state of th		t Name	p	
Middle Name: Edw	ardo				
1 1 41 11 11	agan			1	
Suffix:			Jv-		
h, ,			, 1 V		
Title: President		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Organizational Affili	ntion:	- M// V		15-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
I	(q			Fax Numbor: (818) 907-9720	
* Telephone Numbe		Wildian		E00 Milmhor 11A171 BU1-3140	

pplication for Foderal Assistance SF-424	Version 02
Type of Applicant 1: Solect Applicant Type: M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)	42
ype of Applicant 2: Select Applicant Type:	
Abo of Abblight 5: Select Abburgar 1964.	
ype of Applicant 3: Solact Applicant Type:	,
ype of Applicant of Colors Applicant	.,
Other (apacify):	
10, Name of Federal Agency:	
Administration for Children and Families	
11. Catalog of Federal Domestic Assistance Number:	
93.570	
CFDA Title:	Ma#*
Community Sorvices Dlock Grant Discretionary Awards	
12. Funding Opportunity Number:	
HHS-2005-ACF-OCS-EE-0019	
Title: Community Services Block Grant Program Community Economic Development Discretionary Grant Program—Operational Projects	
13, Competition Identification Number:	
Title:	
- n	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
San Farnando Valley of the Los Angeles County	
	h4 /n/ii-
* 15. Descriptive Title of Applicant's Project:	M = 1 1/4 vil
San Fernando Valley Equity Investment Project	
Attach supporting documents as specified in agency instructions.	
Add Atlachments Prelate Atlachments Waw Attachments	
The state of the s	

P. 03 Expiration Date: 07/31/2006

Congressional Districts Of:		b. Program/Project	CA-027 ; 026,028,029
Applicant CA-027	Colored Francisco	N	030,031
ach an additional list of Progra	am/Project Congressional Districts if needed.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Add Allachmant Dates and the A		
Proposed Project:		◆b. End Date:	03/01/2009
. Start Date: 10/01/2006		D, End Date.	The second secon
. Estimated Funding (\$):		CONTRACTOR SECURITY S	
), Federal	609,624.00		Williams Comment
o. Applicant	146,540.00	MAY 11	2006
c. State	111	1	l l
d, Local	100 - 100 -	STATE CLEARI	NG HOUSE
e. Other	ACCOUNT OF THE PARTY OF THE PAR	THE RESIDENCE OF THE PROPERTY	·
f. Program Income			
g. TOTAL	848,164.00		
	to Review By State Under Executive Order 12372	Process?	
20. Is the Applicant Delling	quent On Any Federal Dobt? (if "Yes", provide ex		
Yes No 21. By signing this applica herein are true, complete a comply with any reculting may subject me to criminal	tion, I certify (1) to the statements contained in the ind accurate to the best of my knowledge. I also torms if I accept an award. I am aware that any fil, civil, or administrative ponsities. (U.S. Code, Tidde) assurances, or an internet sile where you may obtain	alse, fictitious, or frau (le 216, Section 1001)	dulent statements or claims
Yes No 21. "By signing this applica herein are true, complete a comply with any reculting may subject me to criminal of the complete and the criminal of the continuous and the continu	to me lf I accept an award. I am aware that any f torms If I accept an award. I am aware that any f I, clvil, or administrative ponalties. (U.S. Code, Ti ad assurances, or an internet site where you may obta	alse, fictitious, or frau (le 216, Section 1001)	dulent statements or claims
Yes No 21. "By signing this application are true, complete a comply with any reculting may subject me to criminal of the complete and the criminal of the cri	to me lf I accept an award. I am aware that any f torms If I accept an award. I am aware that any f I, clvil, or administrative ponalties. (U.S. Code, Ti ad assurances, or an internet site where you may obta	alse, fictitious, or frau (le 216, Section 1001)	dulent statements or claims
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Yes No 21. By signing this application are true, complete a comply with any reculting may subject me to criminal ** AGREE ** The list of certifications are specific instructions. Authorized Representative Prefix: Mr.	and accurate to the award. I am aware that any forms if I accept an award. I am aware that any following the content of the co	alse, fictitious, or frau (le 216, Section 1001)	dulent statements or claims
Yes No 21. "By signing this application are true, complete a comply with any reculting may subject me to criminal of the control of the cont	and accurate to the award. I am aware that any forms if I accept an award. I am aware that any following the content of the co	alse, fictitious, or frau (le 216, Section 1001)	dulent statements or claims
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Yes No 21. "By signing this applica heroin are true, complete a comply with any reculting may subject me to criminal of the continuation of the c	torme If I accept an award. I am aware that any find the If I accept an award. I am aware that any find the Italian in the Ita	alse, fictitious, or frau (le 216, Section 1001)	in the announcement or agency
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Yes No 21. "By signing this applica heroin are true, complete a comply with any reculting may subject me to criminal of the continuation of the c	torme If I accept an award. I am aware that any find the If I accept an award. I am aware that any find the It is a second assurances, or an internet site where you may obtain the Item of Item o	alse, fictitious, or frau (le 218, Section 1001) ain this list, is contained Fax Number: (818) 90	in the announcement or agency
Yes No 21. "By signing this application are true, complete a comply with any reculting may subject me to criminal of the control of the cont	torme If I accept an award. I am aware that any find torme If I accept an award. I am aware that any find the Indian internet and the Indian internet are where you may obtain the Indian internet are where you want to be a second in the Indian internet are where you want to be a second in the Indian internet are where you want to be a second in the Indian internet are where you want to be a second in the Indian internet are when it is a second in the Indian internet are when it is a second in the Indian internet are when it is a second in the Indian internet are when it is a second in the Indian internet are when it is a second in the Indian internet are when it is a second in the Indian internet are when it is a second in the Indian internet are when it is a second in the Indian internet are when it is a second in the Indian internet are when it is a second in the Indian internet are when in the Indian inter	alse, fictitious, or frau (le 216, Section 1001) ain this list, is contained Fax Number: (618) 90	in the announcement or agency

OMB Approval No. 0348-0043

REVISED		OMB Approval No. 0348-0043					
APPLICATION FOR FED	ERAL ASSISTANCE	2. Date Submitted	Applicant Identifier				
Type of Submission: Application Pres	upplication	3. Date Rec'd by State	State Application Identifier				
Construction X Nonconstruction	Construction Nonconstruction	4. Date Rec'd by Federal	Federal Identifier DE-FG52-94SF20509				
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip State Water Resor 1001 J Street, Sac Sacramento, Calif		Name and telephone of person involving this application (give Gina Kathuria (510) 622-2378	San Francisco Regional Water Quality Control Board Name and telephone of person to be contacted on matters involving this application (give area code): Gina Kathuria				
C. Increase Duration	X Continuation tter(s): _AC_ B. Decrease Award D. Decrease Duration	B. County I. C. Municipal J. D. Township K. E. Interstate L. F. Intermunicipal M.	opropriate letter)A Independent School District State Institute of Higher Learning Private University Indian Tribe Individual Profit Organization Other (specify)				
Other (specify) 10. Catalog of Federal Domesti 81.xxx Title:		9. Name of Federal Agency: U. S. Environmental Protection Agency 11. Descriptive Title of Applicant's Project:					
12. Area Affected by Project: (cities, counties, states, etc.) San Francisco Ba 13. Proposed Project:	y arca, California	Assessment and cleanup of the environmental management programs at the Department of Energy Lawrence Livermore National Laboratory (LLNL) and the Sandia National Laboratory (Sandia).					
Start Date 07/01/06	End Date 06/30/09	1 ''	oject: lifornia - All				
15. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local e. Other f. Program Income	\$126,578 \$0 \$0 \$0 \$0 \$0 \$0	available to the S review on: Da h. NO: Program Program	rocess? ication/preapplication was made Gute EO 12372 process for te: May 11, 2006 is not covered by EO # 12372 has not been selected by the				
g. TOTAL	\$126,578	state for r 17. Is the applicant delinquent YES, attach explanation	on any Federal debt?				
TRUE AND CORRECT, THE I	DOCUMENT HAS BEEN DULY	L DATA IN THIS APPLICATION/ Y AUTHORIZED BY THE GOVER I THE ATTACHED ASSURANCES	NING BOARD OF THE				
a. Typed Name of Authorized I Celeste Cantú	Representative	b. Title: Executive Direct	c. Telephone Number or (916) 341-5615				
d. Signature of Authorized Rep	resentative		c. Date Signed:				

Application for Feder	al Assista	nce SF-424					Ve	ersion 02
* 1. Type of Submission:	-	2. Type of Application:	" If Revision	, select appropris	ste letter(s);			
Preapplication	Œ	New		*****				
✓ Application		Continuation	* Other (Spe	iclfy)				
Changed/Corrected Applic	cation	Revision						
* 3. Date Received:	ate Received: 4. Applicant Identifier:							
Completed by Grants.gov upon subr	mission,				43117			
5a. Federal Entity Identifior:		· ·	^ 5b. Fed	eral Award Idan	tifier:			
						The state of the s	PRINCE OF THE PR	
State Use Only:						TICLIN	Enl	
6. Date Received by State;]	7. State Application	on Identifier:	f inch		MAY 1 2 20	oc 1	
8. APPLICANT INFORMATION	ON:				STA		⁴⁵ – 1	
a. Legal Name: Christian C	Church Home	s of Northern California				And the state of t	OUSE	
* b. Employer/Taxpayer Ident	ification Num	ber (EIN/TIN):	* c. Orga	nizational DUNS	S:		The Bearings !	
946077407		TO A SECURITY OF THE SECURITY	0762929	45				
d. Address:								
* Street1: 303 He	* Street1: 303 Hegenberger Road, Suite 201							
Street2:								
* City: Oakland	akland							
Соипty:					······································			
* State:		· Part in	(CA: California				
Pravince:			21 2 11 4 10 10 10 10 10 10 10 10 10 10 10 10 10					,
* Country:	1		USA: UNITE	D STATES		10110		
* Zip / Postal Code: 94621						* 1111 2 111 1111 1111 1111 1111		
e. Organizational Unit:								
Department Name:			Division I	Name:				
				() () () () () () () () () ()	*)			
f. Name and contact information of person to be contacted ол matters involving this application:								
Prefix;		* First Nan	ne: Kendra					
Middle Name:						. ,		
* Last Name: Roberts		***************************************	No. of the last of					
Suffix:					1441			
Title: Development/Marketin	9		*** ***					
Organizational Affiliation:								
* Telephone Number: 510-63	32-6712 ext 1	33		Fax Number;	510-632-67	04		
* Email: kroberts@cchnc.o	rg					1		 1
								_!

PAGE 06

Application for Federal Assistance SF-424		Version 02
9. Type of Applicant 1: Select Applicant Type:		
M: Nonprofit with 501C3 IRS Status (Other than	n Institution of Higher Education)	
Type of Applicant 2: Select Applicant Type:		
Type of Applicant 3: Select Applicant Type:		
	RECEIVED	
* Other (specify):	the Co. Lagran Co.	
	MAY 1 2 2006	
* 10. Name of Federal Agency:	STATE CLEARING HOUSE	
US Department of Housing and Urban Development	00012 0127 01100 01	
11. Catalog of Federal Domestic Assistance Number:		
14,157		
CFDA Title:		
Supportive Housing for the Elderly		
* 12. Funding Opportunity Number:		
FR-5030-N-22 * Title:		
Section 202 Supportive Housing for the Elderly		
Gadini 202 Supportive Housing for the Electry		
13. Competition Identification Number:		
\$202-22		
Title:		 ,
14. Areas Affected by Project (Cities, Counties, States, etc.):		
City of Richmond, County of Contra Costa, State of California	11 14 14 14 14 14 14 14 14 14 14 14 14 1	
* 15. Descriptive Title of Applicant's Project:		
Construction of 59, one-bedroom affordable housing units for elderly persons and	one two-badroom unit for a resident manager. In	
Richmond, CA.		
Attach supporting documents as specified in agency instructions.		
The special space of the space		

4024645383

Application	n for Federal Assist	ance SF-424			Version 02
16. Congressi	onal Districts Of:	\			
* s. Applicant	9		* b. Progra	ram/Project 7	
Allach en addit	tional list of Program/Proje	ect Congressional Districts if n	eeded.		
		Dele	ete Attachment View Attac	hment	
17. Proposed I	Project:				
* a. Start Date:	11/01/2006		* b	. End Date: 11/01/2046	
16. Estimated	Funding (\$):				
a. Federal	· team	7,212,100.00			
* b. Applicant		0.00	•		
c. State		0.00			
* d. Local		0.00			
* e. Other		0.00			
•f. Program inc	come	0.00			
g. TOTAL		7,212,100.00			
21. *By signing herein are true comply with ar may subject m	g this application, I cert e, complete and accurat ny resulting terms if I a ne to criminal, civil, or a	te to the best of my knowled ccept an award. I am aware administrative penalties. (U.:	tained in the list of certifi ige. I also provide the rec that any false, fictitious, S. Code, Title 218, Sectio	ications** and (2) that the statements quired assurances** and agree to or fraudulent statements or claims on 1001)	
Authorized Rej	presentative;	✓ Japanian Communication			
Prefix:		* First Name;	Kendra	· · · I tous · · · · · · · · · · · · · · · · · · ·	
Middle Name:				(1)	
" Last Name;	Roberts	7,000		1,	
Suffix;]			
Title; Develo	opment/Marketing				
* Telephone Nun	mber: 510-632-6712		Fax Number:		
Email: krobe	erts@cchnc.org	The state of the s			
* Signature of Au	uthorized Representative:	Completed by Granta.gov upon su	bmission. Date Signed;	Completed by Grants.gov upon submission.	'

	,			2,51,500, 04,0	
Application for Fede	ral Assis	stance SF-424			/ersion 02
1. Type of Submission:		* 2. Type of Application:	* If Revision, select appropriate letter(s	i):	
Preapplication		✓ New			
✓ Application		Continuation	Other (Specify)	RECEIVED	
Changed/Corrected Appl	lication	Revision			
* 3. Date Received: 4, Applicant Identifier:				MAY 1 2 2006	
Completed by Grants, gov upon aut	omission,	10, 4]		TOTATE OLEADING HOUSE	
5a. Federal Entity Identifier:			* 5b. Federal Award Identifier:	CIAIL CLLAIN G HOUSE	
		do ,,,			
State Use Only:	************			•	
6. Date Received by State;		7, State Application	on Identifier:		
B. APPLICANT INFORMAT	ION:		Instantination ()		
" a. Legal Name: Volunteer	of Ameri	ca National Services			
* b. Employer/Taxpayer Iden	tification N	umber (EIN/TIN):	* c. Organizational DUNS:		
411467162			121178552		
d. Address;					
* Street1: 1660 D	Duke St., 3r	rd Flaor			`
Street2:		1 111	(1 t 1 t 1 t 1 t 1 t 1 t 1 t 1 t 1 t 1 t		=
* City: Alexan	drla		1 1111111111111111111111111111111111111	***************************************	
County:					
• State:			VA: Virginia	1 11	
Province:					
Country:			USA: UNITED STATES		
* Zip / Postal Code: 22314			· · · · · · · · · · · · · · · · · · ·		
e. Organizational Unit:					
Department Name:			Division Name:	· · · · · · · · · · · · · · · · · · ·	
				4, ,	
f. Name and contact inform	nation of	person to be contacted on	matters involving this application:		
Prefix:		* First Nan	ne: Robin		
Middle Name:					ν.
Last Name: Keller				• • • • • • • • • • • • • • • • • • • •	
Suffix:			-		
Title: Vice President					
Organizational Affiliation:					
	. ,,,,,			6119 41	
* Telephone Number: 703-34	41-5017	- the	Fax Number:	The state of the s	
* Email: rkeller@voa.org				11 (1)	
				104	

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)	
Type of Applicant 2: Select Applicant Type:	. 1
Type of Applicant 3: Select Applicant Type:	
** Other (specify):	
* 10. Name of Federal Agency:	
US Department of Housing and Urban Development	
11. Catalog of Federal Domestic Assistance Number:	
14.181	
CFDA Title:	
Supportive Housing for Persons with Disabilities	1
* 12. Funding Opportunity Number:	J
FR-5030-N-21	
* Title:	
Section 811 Supportive Housing for Persons with Disabilities	
13. Competition Identification Number:	
S811-21	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
City of Sacramento, County of Sacramento, State of California	
• 15. Descriptive Title of Applicant's Project:	-
Construction of 14 one-bedroom units of low-Income housing for persons with Chronic Mental Illness in Sacramento, CA. One,	
two-bedroom unit will be constructed as a manager's unit.	
	,
Attach supporting documents as specified in agency instructions.	
rando en romano. Escara caractera de la consecuencia della consecuenci	

Application fo	or Federal Assista	ance SF-424					Version 02
16. Congressiona	al Districts Of:						
*a. Applicant [1	1			* b. Prc	ogram/Project	5	
Attach an addition	al list of Program/Proje	ect Congressional Districts if	needed,				
		Del	lete Attech	hment View Att	tachment		
17. Proposed Pro	oject;				- 1		
*a. Stan Date: 1	11/01/2006				b. End Date;	11/01/2046	
18. Estimated Fun	nding (\$):						
a. Federal		1,733,200.00					
b. Applicant		0,00					
* c. State		0.00					
* d. Local		0.00					
r e. Other		0,00					
"f. Pragram Incom	10	0.00					
g. TOTAL		1,793,200.00					
21. "By eigning thi herein are true, co comply with any may subject me to	No Explication, I certify omplete and accurate resulting terms if I according terms in a cordinal t	ny Federal Debt? (If "Yea", splenation fy (1) to the statements con to the best of my knowled scept an award. I am aware dministrative penalties. (U.	ntained in dge. I also e that any .S. Code,	the list of cert o provide the re false, fictitious Title 218, Sect	required assur is, or fraudule: ition 1001)	rances** and agree ont statements or c	e to :lalms
specific Instructions	s.	ı, or an internet site where yo	u may obti	ain this list, is co	antained in the	announcement or a	gency
Authorized Repres	sentative:	·		·			
Prefix:		* First Name:	Becky				· · · · · · · · · · · · · · · · · · ·
Middle Name: J.		1				***	
	nne			****		н,.	
Suffix:							
Title; Consultant	.t						
* Telephone Number	er: 402-464-5383			Fax Number:	402-464-5856		
* Email: bhanna@	@hannakeelan.com						
Signature of Author	orized Representative:	Completed by Grants, gov upon au	ubmission.	* Date Signe	ad: Completed t	by Granta.gov upon submi	llasion.

								Date, 07/01/2000
Application for	Application for Federal Assistance SF-424 Version							Version 02
* 1. Type of Submiss	sion:	* 2. Type	e of Application:	* If Revision, select appropriate letter(s):				
Preapplication		✓ New			and the state of t			
Application		Conti	inuation	* Other (Sp	ecify)		- gay yang yan yandadana	
Changed/Correct	ed Application	Revis	sion					
* 3. Date Received:		4. Applic	cant Identifier:					
Completed by Grants.gov	upon submission,							
5a. Federal Entity Ide	entifier:			* 5b. Fe	deral Award Iden	tifier:		
							The state of the s	1
State Use Only:	t a administrative and a design and a second a second and			141 1200			DECEMBD.	
6. Date Received by	State:		7. State Application	n Identifier:			MAY 1 2 7006	
8. APPLICANT INFO	ORMATION:				tonic i and analysis			
* a. Legal Name: TI	nai Community Dev	/elopment	Center, Inc				STATE CLEAMING HOUS	3 E
* b. Employer/Taxpay	yer Identification N	umber (EII	N/TIN):	* c. Orga	anizational DUNS	S:	The second secon	1. S. San S. San S. S. San S. S. San
954531770				8382373	103			
d. Address:		11.1						
* Street1:	6376 Yucca Stree	et						
Street2:	Suite B							
* City:	Los Angeles							
County:								
* State:					CA: California			1.000
Province:	10. 8 . 1. suffer from 1 and 1							
* Country:	COTTO CONTROL			JSA: UNITE	D STATES		The state of the s	
* Zip / Postal Code:	90028							
e. Organizational U	nit:							
Department Name:				Division	Name:			
	AND THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF TH]				
f. Name and contac	t information of p	erson to	be contacted on	matters in	olving this app	olication:		
Prefix: Mrs.			* First Nam	e: Chancl	hanit	Map. Dans assessment		
Middle Name:			Management of the Control of					
* Last Name: Marto	rell		**************************************				The second secon	
Suffix:	Suffix;							
Title: Executive Dire	ector		**************************************					
Organizational Affiliati	on;		the transfer of the transfer o		•		-	
SPAN I founds will de service de la constant de service		H . 100 Presidente						
* Telephone Number:	323-468-2555		Annual Control of the		Fax Number:	323-461-4	1488	
* Email: chancee@	thaicdc.org				e Print de la constitución de la conferenciament ann			
	***************************************	***************************************					11.	

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
* 10. Name of Federal Agency:	
Administration for Children and Families	
11. Catalog of Federal Domestic Assistance Number: 93.570	
CFDA Title:	
Community Services Block Grant Discretionary Awards	
* 12. Funding Opportunity Number:	
HHS-2006-ACF-OCS-EE-0019	
* Title:	
Community Services Block Grant Program Community Economic Development Discretionary Grant ProgramOperational Projects	- V-W-Prince common or
	2
13. Competition Identification Number:	
and the state of t	
Title:	
4. Areas Affected by Project (Cities, Counties, States, etc.):	
ity of Los Angeles, Los Angeles County, State of California	
15. Descriptive Title of Applicant's Project:	
he Thai Town Bazaar and Food Court aims to develop employment and business opportunities for low-income individuals and welfare excipients while revitalizing a community.	
The state of the s	
Mach supporting documents as a self-dis-	
ttach supporting documents as specified in agency instructions.	1
AND AND CONTROL DESCRIPTION OF THE CONTROL OF THE C	

Application	for Federal Assistance SF-424	Version 02
16. Congressio	nal Districts Of:	
* a. Applicant	CA-033	b. Program/Project
Attach an addition	onal list of Program/Project Congressional Dis	stricts if needed.
		Delete Atjochment View Attachment
17. Proposed P	roject:	
* a. Start Date:	01/01/2007	* b. End Date: 12/31/2012
18. Estimated F	unding (\$):	
* a. Federal	468,821	.00
* b. Applicant	0	.00
* c. State	0	.00
* d. Local	0	.00
* e. Other	50,000	
* f. Program Inc	ome 0	00
* g. TOTAL	518,821	00
Yes 21. *By signing herein are true, comply with any may subject me ** I AGREE	complete and accurate to the best of my y resulting terms if I accept an award. I ar to criminal, civil, or administrative penal fications and assurances, or an internet site v	ents contained in the list of certifications** and (2) that the statements knowledge. I also provide the required assurances** and agree to n aware that any false, fictitious, or fraudulent statements or claims
Authorized Rep	resentative:	
Prefix:	Mrs. * Firs	t Name; Chanchanit
Middle Name:	PAGE-10-10-10-10-10-10-10-10-10-10-10-10-10-	
* Last Name:	Martorell	
Suffix:		
* Title: Executiv	ve Director	
* Telephone Numl	ber: 323-468-2555	Fax Number; 323-461-4488
Email: chanc	ee@thaicdc.org	
* Signature of Auti	norized Representative; Completed by Grants.g	ov upon submission. * Date Signed: Completed by Grants.gov upon submission.
		Venue or a commence of the com

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Prescribed by OMB Circular A-102

FEDERAL ASSISTANCE			2. DATE SUBMITTED May 12, 2006		Applicant Identifier		
1. TYPE OF SUBMISSION: Application	Pre-application		3. DATE RECEIVED BY STATE		State Applica	State Application Identifier	
☑ Construction	E Const		4 DATE RECEIVED E	BY FEDERAL AGENC	AGENCY Federal Identifier		
Non-Construction 5. APPLICANT INFORMATION	∬ Non-Co	enstruction		F H		189	
Legal Name:	<u> </u>			Organizational U	nit'		
Mercy Housing California				Department: Community Development Department			
Organizational DUNS;				Division:			
863200900 Address:			West Sacramento				
Street:		Section Course Wisson Union		Name and telephone number of person to be contacted on matters involving this application (give area code)			
3120 Freeboard Drive, Sulte 202		, , , , , , , , , , , , , , , , , , , ,		Prefix: Mr.	First Name; David		
City: West Sacramento		I MA	1, 2 2006	Middle Name			
County: Yolo		STATE C	LEARING HOUSE	Last Name Wilkinson	10		
State: CA	ZIp Code 95691	The state of the s	days from 2 to 5 to 5 to 6 to 7	Suffix;	w	14,	
Country: USA				Email:			
6. EMPLOYER IDENTIFICATION NUMBER (EIN);				dwllkinson@mercyhousing.org Phone Number (give area code) Fax Number (give area code)			
94-3061666				916-414-4419	The state of the s		
8. TYPE OF APPLICATION:				7. TYPE OF APPL	7. TYPE OF APPLICANT: (See back of form for Application Types)		
New Continuation Revision				Non profit			
If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)				Other (specify)			
Other (specify)				9. NAME OF FEDERAL AGENCY: USDA			
10. CATALOG OF FEDERAL	DOMESTIC	ASSISTANC	E NUMBER:	11. DESCRIPTIVE	TITLE OF APPL	ICANT'S PROJECT:	
TITLE (Name of Program):			10-433	Mercy Housing Ca	lifornia Housing P	reservation Program	
12. AREAS AFFECTED BY PR	OJECT (Cil	les, Counties	States, etc.):				
City of Biggs			•				
13. PROPOSED PROJECT Start Date: Ending Date:				a. Applicant	NAL DISTRICTS		
October 2006	Septemb			Wally Horger		b. Project Wally Herger	
15. ESTIMATED FUNDING:			V	16. IS APPLICATION ORDER 12372 PRO	ON SUBJECT TO	REVIEW BY STATE EXECUTIVE	
a. Federal S		· · · · · · · · · · · · · · · · · · ·	100,000	- V. THIS P	REAPPLICATION	VAPPLICATION WAS MADE	
b. Applicant \$			00		AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
c. State \$	•		112,000	DATE: May 6, 2006			
d, Local \$			Ou Ou	- BEOGRAMIS NOT CONFEED BY E. O. AROZA			
e. Öther \$			no no	OD DROCK AND			
f. Program Income \$				FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
g. TOTAL \$	17. IS INE /						
18 TO THE BEST OF MY KNO	Wi Char A	UD BELIEF	212,000	Yes If "Yes" atta	ch an explenation	n, KI No	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF 1	AU I MORIZE	ED BY THE (OVERNING BODY OF	PLICATION/PREAPP THE APPLICANT AN	LICATION ARE T D THE APPLICA	TRUE AND CORRECT. THE NT WILL COMPLY WITH THE	
a. Authorized Representative							
Prefix Mr.	First Name Greg			Midd	le Name		
Last Name Sparks				Suffi	<		
o. Title Regional Vice President				C. Te	c. Telephone Number (give area code) 916-414-4439		
I. Signature of Authorized Technology				e. Dr	e. Dete Signed May 12, 2006		
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